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CONTENTS

Reflections: Reform Work, Not Welfare	*Nathan Glazer*	3
Regarding the End of Medicine and the Pursuit of Health	*Leon R. Kass*	11
Mass Transportation and Minority Transportation	*B. Bruce-Briggs*	43
Toward a Reform of Social Security	*Martin Feldstein*	75
Family, Bureaucracy, and the "Special Child"	*Brigitte Berger*	96
Should Every Job Support a Family?	*Carolyn Shaw Bell*	109
Review Essay: The New Political Theory	*Marc F. Plattner*	119
Contributors		10

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Reform Work, Not Welfare

NATHAN GLAZER

We are not thinking about welfare much these days. With a high and rising rate of unemployment, the key issue is clearly what to do about putting men and women back to work. But the welfare issue is always lurking in the wings, and while we await the next bout of reform, some analysis of how we might go about dealing with the unpleasant reality of our very large population of welfare families is surely in order.

Discussions of welfare by those who politically are in the center or on the left generally take it as a cardinal principle that there is not and cannot be a relationship between work and welfare. The welfare client is by definition a person who cannot work: Even if the old and the disabled and the blind have now been removed from welfare, the remaining element is not considered capable of work, since it consists, overwhelmingly, of young children and of women taking care of children. Further, since the political right is always protesting that the burden of welfare is too great, those concerned for the unfortunates on welfare try to make their case for what is after all the descendant of public charity as strong as possible. One way of making it strong is to argue that people on welfare cannot work and should not be expected to work. By now, however, the effort to set up an impenetrable barrier between work and welfare—part of the design of the original system—has clearly broken down.

Initially, the barrier seemed to stand firm. On the one side, according to the social security design of the 1930's, were those whose entitlement to an adequate income in the absence of work was based on contributions made while they had worked: Thus workers would receive social security when they retired, their wives and children would receive social security if they died or became disabled, and they were to receive unemployment insurance when they became unemployed. Welfare was to be a residual system, one that would decline over time as individuals gained access to work-related insurance. As we know, though, it didn't happen that way.

At the time the welfare system was first set up, the barrier may not have been considered a crucial feature, for it was not likely that welfare would be considered more desirable than work if such

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a choice existed. But as welfare benefits in large Northern states began to rise, welfare became an attractive alternative to work. Thus, the *Boston Globe* of March 30 has a long story about a family on welfare in Boston, whose point is to show neither the worst nor the best of welfare, but rather to demonstrate that Governor Dukakis' resistance to an increase in benefits is unfair. The article is titled "Welfare: A treadmill, not a free ride." There are pictures of an attractive looking family—a mother and six children ranging in age from 17 to 4—living in East Cambridge. The mother is well-organized. She buys food stamps twice a month, refuses to live in a housing project, is a member of a community women's group at Catholic charities, and is studying for her high school diploma. Her bi-monthly cash grant is $466, she gets a flat grant every three months of $142, and her monthly savings from food stamps amount to $86. Her cash income may be given as $599 monthly, or $7,188 a year. If she and her family spent the average amount paid personally for health care in this country (and the mother gets some psychiatric care), this would amount at full costs to an additional $1,750 in health care expenses. Since there are no financial restrictions for this family on the use of health care, and the mother is intelligent and knowledgeable, one may assume that full use of this opportunity is taken. The three older children go free of charge to an alternative school which costs paying pupils $2,000 a year, and another child goes to a day care center whose cost for a paying child would be $1,000 a year. Cash income and free health and educational services to this family thus amount to $16,028. The older children work summers, and I will not cost that out. The family pays no taxes, and need put nothing aside for savings, as the welfare department is committed to meeting its needs. A working head of a family would have to earn at least $20,000 to match this standard of living.

This example should give us a sense of the situation in those states, such as Massachusetts, whose welfare benefits are at the upper end of the scale for generosity. (Actually, five states in July 1974 provided higher average cash grants per family than Massachusetts, and New York provided, surprisingly, 16.6 per cent more.)

I should make it clear that this example was published by a very liberal newspaper, not a conservative one. It was intended to arouse sympathy for people on welfare, and support for a scheduled inflation-related increase in welfare benefits that an economy-minded governor was resisting. Hence, unless the *Boston Globe* made a grave tactical error in selecting this case, it is not an exceptional one.

It is true that a working head of family would have to make $20,000 a year to afford this pattern of expenditures. However, a working head of family with an income of $20,000 a year and six children probably would not even dream of spending $4,000 a year for education, and would not make so much use of health care facilities that were not covered by insurance (e.g., psychiatric care). There is a real dilemma here: The costing out of welfare benefits

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amounts to a great deal in public funds, but the satisfactions given by this sum to the welfare recipient do not match the satisfactions given by an income of the same size that could be freely spent. Thus we have a classic "no-win" situation, in which the welfare recipient feels she is not getting much, and the public feels it is paying out too much. But leaving this issue aside, the fact is that a welfare recipient would have to earn a substantial income to match what welfare gives.

The first problem, then, with the design of the impenetrable barrier is that the attraction on the welfare side began to build up in the Northern and Western states, threatening an influx from the work-supported side.

THE second problem was that the social distinction between those who should work and those who shouldn't began to break down. Women with young children were once not expected to work. This was not true in the South, where black women were expected to work whether they were mothers or not, and whether they had pre-school children or not, and their scanty welfare grants recognized that they would be supplementing their income through work. But in the North, a universalistic ethic and expectation prevailed, covering both black and white women: Mothers of young children should stay home to take care of them. We are all aware of the breakdown of this expectation. In 1972, 39.4 per cent of children under 18 had mothers in the working force, and even 29.1 per cent of children under six had mothers in the labor force. More striking is what has happened to families headed by women: 51.0 per cent of children under 18 in such families have mothers in the labor force, 38.9 per cent of children under six. The distinction between black and white women has—fortunately—now broken down. Indeed, a higher proportion of white children in female-headed families now have mothers in the labor force than black children (for children under 18, white 55.2 per cent, black 43.6 per cent; for children under six, 41.1 per cent to 35.6 per cent). (*Children of Working Mothers*, March 1972, Special Labor Force Report 154, Department of Labor, Bureau of Labor Statistics, 1973.)

The third problem that developed is that the number of welfare families without male earners began to grow rapidly in the Northern and Western states in a time of relatively full employment and job availability, and this led to great concern that the welfare system was leading to the breakup of families. We now know more about this matter than when it first became a serious issue in the later 1960's, but we still do not know—I believe—how to account for the great increase in the number of female-headed families among blacks, and the great increase generally in such families on welfare. We cannot ignore the likelihood of a dynamic interplay between welfare availability and attractiveness and family breakup. (Welfare did become more attractive as rights to welfare and of welfare receivers were strengthened by the public legal advocates of the late 1960's.) Undoubtedly the welfare system does in some respects

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lead to the breakup of families, if we take the term "breakup" literally. Mothers with children are able to find support from welfare if they find their husbands insupportable, and thus will leave them or eject them more freely. Young women living with their families who have given birth out of wedlock may now set up their own households. The actual abandonment of wives and children by non-working or low-earning husbands to make their families eligible for welfare must be infrequent in the generous Northern and Western states, since it is usually not necessary: The presence of a husband, working or not, is not a bar to welfare in many of these states. On the other hand, Blanche Bernstein and others have been concerned with what they call "income maximization"—feigned family breakup, in order to gain access to the benefits of welfare without being required to report husbands' earnings. (An as yet unpublished report by Blanche Bernstein and William Meezan, "The Impact of Welfare on Family Stability," draft, March 1975, Center for New York City Affairs, New School for Social Research, will throw light on this issue.) Family breakup affects the barrier between work and welfare in a significant way. The decision whether to work or spend full time raising her children is considered by welfare authorities to be the prerogative of the mother, and the pressure on welfare mothers to work is not great, despite the rising number of working mothers in the population as a whole. But what of the men who were the fathers of these children, who may leave or are thrown out *because* of welfare? Should not the monetary returns from *their* labor support their children?

Thus the distinction between those who could not work and those who could, which the social security design of the 1940's had assumed was neatly drawn, has become complex and obscure, confusing and confounding all efforts to reform the welfare system.

For if there is a close inter-relationship between work and welfare, to improve the conditions of those on welfare—and in many states and in many respects one can make a very good case for improving their conditions—means to increase the incentives for crossing from the work side to the welfare side. The reform design involved in the Family Assistance Plan (FAP) and its descendants was intended to take into account the new reality that mothers could, did, and often wanted to work. But the extensive Congressional hearings and studies occasioned by FAP and by welfare generally broadcast the news that there was no way of making work, for those mothers without advanced education and valuable skills, a real competitor to welfare. Our efforts to make work attractive to those on welfare were frustrated by the fact that—as we have seen from the Boston case—it is a rare job in the real world that gives anything like the benefits of welfare to most mothers on welfare. The key issue, as we learned again and again, was that to reduce income-tested benefits as returns from work rose meant in effect to tax returns from work so heavily as to make it economically unattractive. And we could no longer, by the late 1960's, count on traditional social or cultural pressures to make work more attractive than

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welfare. In the later 1960's, lawyers, poverty workers, intellectuals, and others undertook an enormous effort designed to give welfare as much dignity, as much worth and virtue, as work. Fortunately, the commitment of the ordinary person to work is so intense that even this enormous wave of propaganda has not yet converted most poor people, as we can see from studies of the poor which ask for their attitudes to work and welfare. But it has had some effect. And the logic of income-tested benefits declining as income from work rose did the rest: There was no way of reforming welfare by linking it to work. And indeed the effort has been abandoned.

As a result, we in the United States are unique among developed nations for the enormous number of mothers and children that we support on welfare, that is, on a system of grants based on need and not linked to work or work effort. This is an unpleasant situation to be in. What, then, can we do about it?

I would like to suggest a line of thought which creates far more difficulty than reforming welfare, but which offers far more promise: Let us leave welfare where it is, and try to make work—the kind of work that people on welfare, or the fathers of children on welfare, might take—more attractive.

It is well known that we have in this country a dual labor market, one in which there are good jobs and poor jobs, and the differences between them are striking. One kind of job will earn high wages, under union or civil service protection, with health insurance, supplementation to unemployment insurance, vacations with pay, pension benefits to supplement social security, and perhaps other fringe benefits. The second kind of job provides the minimum wage, with little security, with no paid vacations, with no health insurance, with no supplementation to unemployment insurance and social security, and with no fringe benefits. We may expand this well-known notion of a dual labor market to describe a triple system of support for people in this country. One kind is the regular, good job. A second is the poor job with no benefits. A third is welfare, which gives all the benefits of the good job: full health insurance, insurance against unexpected disasters, insurance against the costs of a growing family, and—while this may not in fact be an attraction for most people on welfare—leisure, far beyond that given by the vacation with pay. Good jobs can compete with welfare; poor jobs cannot. The task of reform should be not to make welfare better (in the generous states it is good enough); it should be to make the poor jobs more attractive.

Economists point out that there are great difficulties in the way of making poor jobs more attractive, because their returns are set by a market mechanism which in itself is efficient and which we do not want unduly to disturb. Obviously, to improve such jobs is a difficult enterprise. It is not, I believe, impossible.

Thus, one benefit that comes with welfare is free health care. We have recently been faced with the ironic problem of those who, in losing their jobs, have also lost their health insurance. The problem

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of instituting universal health insurance so that in this respect work becomes as attractive as welfare is no simple one. Enormous as the problem is, we cannot ignore the fact that it has been solved—at least in its large dimensions—in most other developed countries, and in this respect every worker in those countries, no matter how humble, is not at a disadvantage compared to those who live on welfare or its equivalent.

A second approach to making work competitive to welfare would be to introduce in compensation for work a component related to the number of children. We do not want to confuse the workings of the market by saddling employers with the need to compensate workers with more children better than workers with none or fewer children. But most other developed nations have dealt with this problem by attaching to compensation for work a children's supplement or allowance that comes from national insurance funds. These have different origins—the desire to increase population, to make life for large families better, to redistribute income—but they are now to be found in all the countries of the European community. The family allowance (for three children) as a percentage of average industrial earnings is 21 per cent in Belgium, 20 per cent in France, 14 per cent in the Netherlands, 11 per cent in Italy, eight per cent in Denmark, five per cent in Germany and the United Kingdom. (*The Economist*, April 12, 1975, p. 35.) Some of these allowances are granted to working heads of families; some are given generally to all families. In this country we are unique in giving the benefits of children's allowances only to those who do *not* work—aside from the very modest assistance given by dependents' allowances on the income tax, which benefit those with good jobs more than those with poor jobs. Children's allowances raise fewer problems than health insurance. No great interests are involved that might oppose one scheme or another. The effect on increasing the birth rate—which would offend many—seems likely to be minimal. We could relate children's allowances directly to wages—more than one earner in a family could divide the allowance for dependent children—or we could make them available to any head of family, whether he or she worked or not. I would much prefer relating them to wages, so that wages would reflect family needs in the same way that take-home pay is now affected by number of dependents through the withholding of income tax. The aim would be not only to provide assistance to those with larger families, but to give value and meaning to work, because it is through work that this assistance comes.

These are perhaps the two clearest means by which the second-rate job can be made closer in worth to the first-rate job. For other possibilities the answers are less clear. Can we provide unemployment insurance for every job, even casual labor? Could we provide a one-month vacation for all such jobs, so that some of the leisure that comes with welfare could be attached to work? Could the regularity of return offered by welfare be ensured for jobs that

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are casual and insecure? Just as we must look to Europe for examples of how different universal health insurance systems and children's allowance systems might work, we should look to Europe—and Japan—to find out why in these countries so much more work is much more regular.

Martin Feldstein has pointed out that "changes in aggregate demand have a substantially smaller impact on employment in Britain than they do in the United States . . . a one per cent change in industrial production has about twice as big an effect on the unemployment rate in the United States as it does in Britain." He believes the reasons for this are not clear, and suggests they may include differences in "seniority arrangements and unemployment insurance provisions . . . differences in industrial structure, in the competitiveness of product markets, and in long-established national attitudes about the proper relation between employers and employees. . . ." As an economist, he points out that advantages in income maintenance and job security may be paid for with lower productivity. But on the other hand, there are general social costs that must be paid for our more volatile unemployment.

Similarly, he points out, seasonal unemployment is much higher in this country than in England, and one wonders why this should be, and what measures might be introduced to modify our wide seasonal sweeps in unemployment. (Martin Feldstein, "The Economics of the New Unemployment," *The Public Interest*, Fall 1973, pp. 19-21.)

This is not a complete program to make poor jobs more competitive with welfare. These suggestions—universal job-linked health insurance, job-linked children's allowances, making jobs more secure and steady—are only meant to begin discussion, and to turn around our way of thinking about these problems. We have concentrated too much on improving or reforming welfare or on simply redistributing income without relating it to work. These have not proved very attractive approaches. The American electorate did not take kindly to George McGovern's proposal of the "demogrant," payable to all, independent of any relationship to work. We have recently seen a sign of what I believe is a better approach—the rebate to all earners of low incomes of a proportion of their earnings, to be taken from income tax if they pay it, and from the Treasury if their income tax is not large enough. This is the kind of approach to income redistribution we should find attractive. It goes to the poor, it is related to work, there is no incentive in it of any kind to prefer welfare to work, and there is a positive incentive in it to find work more attractive, for you are getting more than your wages if they are very low. Leslie Lenkowsky also points out that, as against other income maintenance schemes which try to supplement low wages, there is no incentive here for worker and employer to agree to defraud the government through reporting lower wages, for the return goes directly from the government to the worker. Presumably our ingenious economists will find some drawbacks in this scheme, but Congress' move to rebate some part of

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earnings and taxes for low-income earners is a step in the right direction.

The improvement of low-paid work is an enterprise that is not utopian. We can see many of the mechanisms in operation in other capitalist or free enterprise countries. What is likely to be its effect on welfare? If one reason for welfare is the abandoning of families by men who cannot get steady jobs, or whose jobs simply do not provide enough for themselves and their family, an effort to improve poor jobs will have an effect. If another reason for welfare is the unattractiveness to many mothers of the jobs they could get, this approach will also have an effect. Even if its effect on welfare is modest, its effect on income redistribution may be substantial. And in any case, it has two great virtues over schemes designed to reform welfare and redistribute income: It requires no measure of compulsion to get people to work, and it adds to the attractiveness and, we might say, the dignity of work.

Perhaps the time has come when, instead of new studies of welfare reform, we should have a commission on low-income and low-benefit jobs, and consider how we may upgrade them.

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Regarding the end of medicine and the pursuit of health

LEON R. KASS

AMERICAN medicine is not well. Though it remains the most widely respected of professions, though it has never been more competent technically, it is in trouble, both from without and from within.

The alleged causes are many; I will mention a few. Medical care is very costly and not equitably available. The average doctor sees many more patients than he should, yet many fewer than would like to be seen. On the one hand, the physician's powers and prerogatives have grown, as a result of new technologies yielding new modes of diagnosis and treatment, and new ways to alter the workings of the body. His responsibilities have grown as well, partly due to rising patient and societal demands for medical help with behavioral and social problems. All kinds of problems now roll to the doctor's door, from sagging anatomies to suicides, from unwanted childlessness to unwanted pregnancy, from marital difficulties to learning difficulties, from genetic counseling to drug addiction, from laziness to crime. On the other hand, the physician's new powers have brought new dilemmas, concern over which has led to new attempts to regulate and control his practices, including statutes, codes, professional review bodies, ombudsmen, national commissions, and lawsuits brought by public interest law and consumer

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groups. More and more physicians are being dragged before the bar, and medical malpractice insurance has become both alarmingly scarce and exorbitantly expensive.

Health care has become an important political issue. A right to health has been frequently claimed and embraced by politicians. Recent legislation has put the federal government most directly into the life-saving business, obliging it to pay for kidney machines for anyone in need. And the National Health Insurance on the horizon will surely bring the medical profession even more under governmental control, at the very least by defining what will count as health care through determining what will be paid for.

Last but not least, people both in and out of medicine have begun to wonder out loud whether and to what extent medicine is doing good. No longer simply charmed by the profession's diagnostic and therapeutic wizardry, some people are seriously asking whether the so-called health care delivery system really does—or can—deliver or foster improved health for the American people.

This last question points to a more fundamental cause of medicine's illness: Medicine, as well as the community which supports it, appears to be perplexed regarding its purpose. It is ironic, but not accidental, that medicine's great technical power should arrive in tandem with great confusion about the standards and goals for guiding its use. When its powers were fewer, its purpose was clearer. Indeed, since antiquity, medicine has been regarded as the very model of an art, of a rational activity whose powers were all bent towards a clear and identifiable end. Today, though fully armed and eager to serve, the doctor finds that his target is no longer clear to him or to us. Sometimes, it appears to be anything at which he can take aim; at other times, it appears nowhere to be found. In fact, the very existence of a target is implicitly questioned by those who have begun to change the name of the doctor from "physician" to "member of the helping professions."

At what should the medical art aim? What is the proper end—or the proper ends—of medicine? Continued confusion about this matter could bring about, more directly than any other cause, the demise of the profession, even if there were to remain people with M.D. degrees whom their clients called "Doctor." For without a clear view of its end, medicine is at risk of becoming merely a set of powerful means, and the doctor at risk of becoming merely a technician and engineer of the body, a scalpel for hire, selling his services upon demand. There is a connection between the two meanings of "end" suggested by the title of this article: Since an end-less profession is an ended profession, there will be an end *to* medicine unless there

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remains an end *for* medicine. It is in part for this reason that I have chosen to inquire regarding the end, or purpose, of medicine, with the hope that we might more seriously regard—that is, look back at, pay attention to, and finally, esteem—the end or purpose of the medical art. Moreover, only by again attaining clarity about the goal of medicine can we hope intelligently to evaluate efforts to reach that goal and wisely to plan for their improvement. Otherwise, for all our good intentions, our health policies will be mere tinkerings in the dark, at great risk of doing more harm than good.

I. The end of medicine

I trust it will shock no one if I say that I am rather inclined to the old-fashioned view that health—or if you prefer, the healthy human being—is the end of the physician's art. That health is *a* goal of medicine few would deny. The trouble is, so I am told, that health is not the only possible and reasonable goal of medicine, since there are other prizes for which medical technique can be put in harness. Yet I regard these other goals—even where I accept their goodness as goals—as false goals for medicine, and their pursuit as perversions of the art.

Let us examine some of the false goals that tempt today's physicians. First, there is what is usually called "happiness" in its sadly shrunken meaning, but which might best be called pleasure—that is, gratifying or satisfying patient desires, producing contentment. This temptation arises largely because of the open-ended character of some contemporary notions of mental health, which consider frustration or anxiety or any unsatisfied desires, no matter how questionable, to be marks of ill health, requiring a remedy.

Some examples of gratification may be helpful. A woman gets a surgeon to remove a normal breast because it interfered with her golf swing. An obstetrician is asked to perform amniocentesis, and then abortion, if the former procedure shows the fetus to be of the undesired gender. "Dr. Feelgood" devotes his entire practice to administering amphetamine injections to people seeking elevations of mood. To these real but admittedly extreme examples, one could add, among others, the now generally accepted practices of performing artificial insemination or arranging adoptions, performing vasectomies and abortions[1] for non-medical reasons (i.e., for family planning), dispensing antibiotics or other medicines simply because the

[1] Abortion—nearly all of it non-therapeutic in this sense—is now the third most common surgical procedure in the United States, after circumcision and tonsillectomy.

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patient wants to take something, as well as some activities of psychiatrists and many of cosmetic surgeons (e.g., where the surgery does not aim to correct inborn or acquired abnormality or deformity). I would also add the practice, now being advocated more and more, of directly and painlessly killing a patient who wants to die.

All these practices, the worthy and the unworthy alike, aim *not* at the patient's health but rather at satisfying his, albeit in some cases reasonable, wishes. They are acts not of medicine, but of indulgence or gratification, in that they aim at pleasure or convenience or at the satisfaction of some other desire, and not at health. Now, some indulgence may be necessary in the *service* of healing, as a useful means to the proper end: I see nothing wrong in sweetening bad tasting medicine. But to serve the desires of patients as *consumers* should be the task of agents other than doctors, if and when it should be the task of anyone.

Even in its fuller sense, happiness is a false goal for medicine. By gerrymandering the definition of health to comprise "a state of complete physical, mental, and social well-being," the World Health Organization has in effect maintained that happiness is the doctor's business (even if he needs outside partners in this enterprise). For complete mental well-being—not to speak of the more elusive and ambiguous "social well-being," which will certainly mean different things to Pope Paul, President Ford, and Chairman Mao—goes well beyond the medical province of sanity, depending as it does on the successful and satisfying exercise of intelligence, awareness, imagination, taste, prudence, good sense, and fellow feeling, for whose cultivation medicine can do little. (That *happiness*, even in its full sense, is different from *health* can be seen in considering whether it would ever make sense to say, "Call no man *healthy* until he is dead.")

Behavior modification

A second false goal for medicine is social adjustment or obedience, or more ambitiously, civic or moral virtue. The prevention of crime, the taming of juvenile delinquents, the relief of poverty and racial discrimination, the reduction of laziness and philandering, the rearing of decent and moral men and women—all worthy goals in my opinion—are none of the doctor's business, except as the doctor is also a human being and a citizen. These are jobs for parents, policemen, legislators, clergymen, teachers, judges, and the commu-

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nity as a whole—not to speak of the individual citizens themselves.[2] It is doubtful that the physician has the authority and competence, as physician, to serve these goals with his skills and techniques.

The difficulty is, of course, that only doctors are able and legally entitled to manipulate the body; hence the temptation to lend this licensed skill to any social cause. This temptation is bound to increase as we learn more about the biological contributions to behavior. In an increasing number of circumstances, the biological contribution will be seen as most accessible to intervention and most amenable to change. Hence, biological manipulation will often hold out the promise of dramatic and immediate results. Brain surgery and behavior-modifying drugs already have their advocates in the battles against criminal and other so-called anti-social behavior, and, for better or for worse, there is good reason for believing that these techniques may be effective at least in some cases some of the time. But even assuming that we should accept, for example, psychosurgery for some men committing frequent crimes of violence, or the dispensing of drugs in schools for some restless children, or genetic screening to detect genotypes that may in the future be shown to predispose to violent behavior, I doubt that it is the proper business of medicine to conduct these practices—even though, on balance, there may be overriding prudential reasons for not establishing a separate profession of bio-behavioral conditioners.

I reject, next, in passing, the claim that the alteration of human nature, or of some human natures, is a proper end for medicine, whether it be a proposal by a psychologist for pills to reduce human "aggressiveness," especially in our political leaders, or the suggestions of some geneticists for eugenic uses of artificial insemination, or the more futuristic and radical visions of man-machine "hybrids," laboratory-grown "optimum babies," and pharmacologically induced "peace of mind." Also to be resisted is that temptation first dangled by Descartes (and repeated in various forms by others many times since), who wrote in praise of the prospects for a new medicine based on his new physics: "For the mind depends so much on the temperament and disposition of the bodily organs that, if it is possible to find a means of rendering men wiser and cleverer than they have hitherto been, I believe that it is in medicine that it must be sought." I doubt whether some of the improvements

[2] Improvements in public order and private virtue may, of course, lead secondarily to better health, e.g., with the reduction of crimes or drunkenness. (This theme will be discussed more fully below.) Conversely, medicine and its attendant institutions, including programs of health insurance, may have secondary consequences for society and morals, e.g., for the redistribution of income or the sense of personal responsibility for one's state of health.

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proposed would indeed be improvements, and also whether these goals could indeed be realized by using the biomedical techniques proposed. But in addition—and, for the present purpose, this is decisive—I would argue that these goals are not proper goals for the healing profession.

I skip over the much discussed question of whether the physician should be also a seeker after scientific truth, and whether and to what extent he may or should conduct research on patients not for their immediate benefit. Insofar as the knowledge sought is pertinent to the art of healing, its pursuit is a necessary means to the end of medicine and cannot be ruled out of bounds on that score, though serious and difficult moral questions remain whenever human beings are used as means, regardless of the end served.[3] There may be good practical reasons to keep clearly delineated the activities of the physician as healer, and the physician as student of health and disease, all the more so where research done by doctors is not clearly and directly in the service of the health of their patients. But as the art depends upon knowledge, so the search for knowledge cannot be excluded from the art.

Death prevention

Let me, with some misgivings, suggest one more false goal of medicine: the prolongation of life, or the prevention of death. It is not so clear that this is a false goal, especially as it is so intimately connected with the medical art, and so often acclaimed as the first goal of medicine, or, at least, its most beneficial product. Yet to be *alive* and to be *healthy* are not the same, though the first is both a condition of the second, and, up to a point, a consequence. One might well ask whether we desire to live in order to live healthily and well, or whether we desire to be healthy and virtuous merely in order to stay alive. But no matter how desirable life may be—and clearly to be alive *is* a good, and a condition of all the other human goods—for the moment let us notice that the prolongation of life is ultimately an impossible, or rather an unattainable, goal for medicine. For we are all born with those twin inherited and

[3] Perhaps these questions can be resolved, at least in principle, along the following lines. By knowingly and freely consenting to serve as an experimental subject, the patient is not serving as a means *merely*, but he becomes, as it were, a co-inquirer, and the obligation to secure his consent explicitly acknowledges that he is not to be regarded merely as a means. Nevertheless, a whole nest of theoretical and practical questions remains, ranging from the meaning and limits of "consent," "informed," and "free" to the design of procedures that would adequately protect the subject against risk and abuse without undermining the freedom to inquire.

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inescapable "diseases," aging and mortality. To be sure, we can still achieve further reductions in *premature* deaths; but it often seems doubtful from our words and deeds that we ever regard any particular death as other than premature, as a failure of today's medicine, hopefully avoidable by tomorrow's.

If medicine aims at death prevention, rather than at health, then the medical ideal, ever more closely to be approximated, must be bodily immortality. Strange as it may sound, this goal really *is* implied in the way we as a community evaluate medical progress and medical needs. We go after the diseases that are the leading causes of death, rather than the leading causes of ill health. We evaluate medical progress, and compare medicine in different nations, in terms of mortality statistics. We ignore the fact that for the most part we are merely changing one set of fatal illnesses or conditions for another, and not necessarily for milder or more tolerable ones. We rarely stop to consider of what and how we will die, and in what condition of body and mind we shall spend our last years, once we can cure cancer, heart disease, and stroke.

I am not suggesting that we cease investigating the causes of these diseases. On the contrary, medicine *should* be interested in preventing these diseases, or failing that, in restoring their victims to as healthy a condition as possible. But it is primarily because they are causes of *unhealth,* and only secondarily because they are killers, that we should be interested in preventing or combating them. That their prevention and treatment may enable the prospective or actual victims to live longer may be deemed, in many cases, an added good, though we should not expect too much on this score. The complete eradication of heart disease, cancer, and stroke—currently the major mortal diseases—would, according to some calculations, extend the average life expectancy at birth only by approximately six or seven years, and, at age 65, by no more than one-and-a-half to two years.[4] Medicine's contribution to longer life has nearly reached its natural limit.

By challenging prolongation of life as a true goal of medicine, I may be challenging less what is done by practicing clinicians and more how we think and speak about it. Consider a concrete case. An elderly woman, still active in community affairs and family life, has a serious heart attack and suffers congestive heart failure. The doctor orders, among other things, oxygen, morphine, and diuretics,

[4] During the period between 1900 and 1970, the average life expectancy among white males in the United States, calculated from birth, increased by about 22 years (the biggest contribution being a decline in infant mortality), but the average life expectancy for those who reached age 65 increased only 1.5 years.

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and connects her to a cardiac monitor, with pacemaker and defibrillator handy. What is the doctor's goal in treatment? To be sure, his actions, if successful, will help to keep her alive. But his immediate intention is to restore her circulatory functions as near to their healthy condition as possible; his more distant goal is to return her to her pre-morbid activities. Should the natural compensating and healing processes succeed, with his assistance, and should the cardiac wound heal and the circulation recover, the patient will keep herself alive.

We all are familiar with those sad cases in which a patient's life has been prolonged well beyond the time at which there is reasonable hope of returning him to a reasonably healthy state. Yet even in such cases—say a long-comatose patient or a patient with end-stage respiratory failure—a sensible physician will acknowledge that there is no longer any realizable therapeutic or medical goal, and will not take the mere preservation of life as his objective. Sometimes he may justify further life-prolonging activities in terms of a hope for a new remedy or some dramatic turn of events. But when reasonable hope of recovery is gone, he acts rather to comfort the patient as a friend and not especially or uniquely as a physician.

I do not want to be misunderstood. Mine is not an argument to permit or to condone medical callousness, or euthanasia practiced by physicians. Rather it is a suggestion that doctors keep their eye on their main business, restoring and correcting what can be corrected and restored, always acknowledging that death will and must come, that health is a mortal good, and that as embodied beings we are fragile beings that must snap sooner or later, medicine or no medicine. To keep the strings in tune, not to stretch them out of shape attempting to make them last forever, is the doctor's primary and proper goal.

To sum up: Health is different from pleasure, happiness, civil peace and order, virtue, wisdom, and truth. Health is possible only for mortal beings, and we must seek it knowing and accepting, as much as we are able to know and accept, the transience of health and of the beings who are healthy. To serve health and only health is a worthy profession, no less worthy because it does not serve all other goods as well.

II. What is "health"?

There was a time when the argument might have ended here, and we could have proceeded immediately to ask how the goal of health

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may be attained, and what the character of public policy toward health should be. But since there is nowadays much confusion about the nature and meaning of "health," we may have made but little progress by our identification of health as the proper purpose of medicine.

If the previous section might be viewed as an argument against a creeping medical imperialism expanding under a view of health that is much too broad, there remains a need to confront the implications of a medical isolationism and agnosticism that reduces its province under a view of health that is much too narrow. Indeed, the tendency to expand the notion of health to include happiness and good citizenship is, ironically, a consequence of, or a reaction to, the opposite and more fundamental tendency—namely, to treat health as merely the absence of known disease entities, and more radically, to insist that health as such is, in reality, nothing more than a word.[5]

We are thus obliged, before turning to the question of what can we do to become healthier, to examine the question "What is health?"; for what was once self-evident, now requires an argument. I begin with some of the important difficulties that confound the search for the meaning of "health."

1. What is the domain of health? Is it body, or body and soul? Can only individuals be healthy, or can we speak univocally, and not analogically, about a healthy marriage, a healthy family, a healthy city, or a healthy society, meaning by these references something more than collections of healthy individuals? I think not. In its strict sense, "health" refers to individual organisms—plants and animals, no less than humans—and only analogically or metaphorically to larger groupings. I will set aside the question of whether only bodies or also souls are or can be "healthy," since it appears difficult enough to discover what health is even for the body. While there is disagreement about the existence of a standard of health for the soul—or, if you prefer, about whether there is "psychic health"—no one I think denies that if health exists at all, it exists as a condition at least of bodies. For the sake of simplicity, then, we shall

[5] Claude Bernard opens his book *An Introduction to the Study of Experimental Medicine*, held by some to be a founding document of our scientific medicine, with the following sentence: "*To conserve health and to cure disease:* medicine is still pursuing a scientific solution of this problem, which has confronted it from the first." Yet he says in Chapter 1 of Part II, "[N]either physiologists nor physicians need imagine it their task to seek the cause of life or the essence of disease. That would be entirely wasting one's time in pursuing a phantom. The words, life, death, health, disease, have no objective reality." (Dover edition, H. C. Green translation, pp. 1, 67)

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confine our investigation in the present context to somatic or bodily health.[6]

2. Health appears to be a matter of more and less, a matter of degree, and standards of health seem to be relative to persons, and also relative to time of life for each person. Almost everyone's state of health could be better, and most of us—even those of us free of overt disease—can remember being healthier than we are now. Yet as Aristotle long ago pointed out, "health admits of degrees without being indeterminate." In this respect, health is like pleasure, strength, or justice, and unlike "being pregnant" or "being dead."

3. Is health a positive quality or condition, or merely the absence of some negative quality or condition? Is one necessarily "healthy" if one is not ill or diseased? One might infer from modern medical practice that health is simply the absence of all known diseases. Harrison's textbook, *Principles of Internal Medicine*, is a compendium of diseases, and apart from the remedies for specific diseases it contains no discussion of regimens for gaining and keeping health. Indeed, the term "health" does not even occur in the index.

Clinical medicine's emphasis on disease and its cure is understandable. It is the sick, and not the well, who seek out medical advice. The doctor has long been concerned with restoration and remedy, not with promotion and maintenance, which were originally the responsibilities of gymnastic and dietetics. This orientation has been encouraged by the analytic and reductive approach of modern medical science and by the proliferation of known diseases and treatments—both leading to a highly specialized but highly fragmented medicine. Doctors are too busy fighting disease to be bothered much about health, and, up to a point, this makes sense.

Yet among pediatricians, with their well-baby clinics and their concern for normal growth and development, we can in fact see medicine clearly pointing to an overall good rather than away from particular evils. The same goal also informs the practices of gymnastics (physical fitness programs) and of dietetics. Together, these examples provide a provisional ground for the claim that health is a good in its own right, not merely a privation of one or all evils. Though we may be led to *think* about health and to discover its existence only through discovering and reflecting on *departures* from

[6] In doing so, we are supported by a sensible tradition which held that health, like beauty or strength, was an excellence of the body, whereas moderation, wisdom, and courage were excellences of soul. While excluding these latter goods from the goal of medicine, I do not mean to deny to a more minimal state of psychic health—namely, sanity or "emotional equilibrium"—a possible place among the true ends of medicine.

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health, health would seem to be the primary notion. Moreover, as I hope will become clear, disease, as the generic name for the cluster of symptoms and identifiable pathological conditions of the body, is not a notion symmetrical with, or opposite to, health. Health and *unhealth*—i.e., health and falling short of health—are true contraries, not health and disease.

Do doctors know best?

4. Who is the best judge of health, the doctor or the patient? On the surface, this looks like, and has increasingly been treated as, a question about power and the locus of authority. This trend is connected with the rise of consumerism and suspicion about all kinds of expertise, and has been fostered by loose talk about health as a commodity, as something money can guarantee, as something determined by felt needs of patients and delivered or served on demand by doctors. But the question has deeper roots and more important implications.

If medicine is an art which aims at health, and if an art implies knowledge of ends and means, then the physician is a knower. As unnatural as it may seem that someone else should know better than I whether or not I am healthy—after all, it is my body and my pain, and not the doctor's—still, the doctor as a knower *should* know what health and healthy functioning are, and how to restore and preserve them. In principle, at least, and to a great extent in practice, doctors *are* experts—i.e., men who know not only how we feel about, and what we wish for, our bodies, but how our bodies work and how they should work. This alone justifies their prescribing bad tasting medicine, or their mutilating a healthy abdominal wall to remove an inflamed appendix or even a non-symptomatic ovarian cyst; this alone justifies, but surely it *does* justify, doctors giving orders and patients obeying them.

Yet the case for health as an objective condition, in principle recognizable by an expert, and independent of patient wishes and opinions, needs to be qualified. Health and unhealth, as well as all diseases, occur only in particular living beings, each experiencing *inward* manifestations of health or its absence. The patient's feelings of illness or well-being must be reckoned with, not only because the patient insists, but because they are pertinent signs in the assessment of health. To be sure, there are people who feel fine but harbor unbeknownst to themselves a fatal illness (e.g., the vigorous athlete whose routine blood count shows early leukemia). Still,

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when a patient complains of headaches or backaches, funny noises in his ears, fatigue, weakness, palpitations on exertion, pains or cramps in the abdomen, or dizziness, *he is not healthy*—even if he looks and acts healthy and even if the doctor fails "to find anything wrong," i.e., fails to discover a cause for the symptoms. A *negative* report by the patient always, or almost always, counts.

There need be no discordance between the "objective" and "subjective" manifestations of health and unhealth. For the most part, they do correspond. The individual's state of health shows itself both to himself and to the outsider, including the expert.

The relativist argument

5. Health is said to be relative not only to the age of the person but also to external circumstances, both natural and societal. A person with hay fever can be well in the absence of ragweed pollen or cats, and incapacitated in their presence. The hereditary deficiency of a certain enzyme (glucose-6-phosphate-dehydrogenase) results in serious illness for the individual who eats fava beans or takes certain drugs, but is otherwise without known consequence. Eyeglasses, it is said, make myopia no longer a disability. Paraplegia may be only an inconvenience to a theoretical physicist or a President of the United States, whereas an ingrown toenail could cripple the career of a ballerina. If various functions and activities are the measure of health, and if functions are affected by and relative to circumstances, then health too, so the argument goes, is relative.

Yet all these points, however valid, do not prove the relativity of health and unhealth. They show, rather, the relativity of the *importance* of health and unhealth. The person without hay fever, enzyme deficiency, myopia, paraplegia, and ingrown toenails, is, other things being equal, *healthier* than those *with* these conditions. To be sure, various absences of health can be ignored, and others overcome by change of circumstance, while still others, even if severe, can be rendered less incapacitating. But none of this affects the fact that they *are* absences of health, or undermines the possibility that health is something in its own right.

The most radical version of the relativist argument challenges the claim that health is a *natural* norm. According to this view, what is healthy is dependent not only on time and circumstance, but even more on custom and convention, on human valuation. To apply the concept or construct "healthy" is to throw our judgment of value onto a factual, value-neutral condition of the body; without human

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judgment, there is no health and no illness. A recent commentator, Peter Sedgwick, argues that "all sickness is essentially deviancy" and that illness and disease, health and treatment are "social constructions":

> All departments of nature below the level of mankind are exempt both from disease and from treatment. The blight that strikes at corn or at potatoes is a *human invention*, for if man wished to cultivate parasites rather than potatoes (or corn) there would be no "blight" but simply the necessary foddering of the parasite-crop. Animals do not have diseases either, prior to the presence of man in a meaningful relation with them. . . . Outside the significances that man voluntarily attaches to certain conditions, *there are no illnesses or diseases in nature*. . . Out of his anthropocentric self-interest, man has chosen to consider as "illnesses" or "diseases" those natural circumstances which precipitate the death (or the failure to function according to certain values) of a limited number of biological species: man himself, his pets and other cherished livestock, and the plant-varieties he cultivates for gain or pleasure. . . . Children and cattle may fall ill, have diseases, and seem as sick; but who has ever imagined that spiders or lizards can be sick or diseased? . . . The medical enterprise is from its inception value-loaded; it is not simply an applied biology, but a biology applied in accordance with the dictates of social interest.[7]

Insofar as one considers only disease, there is something to be said for this position—but not much. Disease-entities may in some cases be constructs, but the departures from health and the symptoms they group together are not. Moreover, health, although certainly a good, is not therefore a good whose goodness exists merely by convention or by human decree. Health, illness, and unhealth all may exist even if not discovered or attributed. That human beings don't *worry* about the health of lizards and spiders implies nothing about whether or not lizards and spiders *are* healthy, and any experienced student of spiders and lizards can discover—and not merely invent—abnormal structures and functionings of these animals. Human indifference is merely that. Deer can be healthy or full of cancer, a partially eaten butterfly escaping from a blue jay is not healthy but defective, and even the corn used to nourish parasites becomes abnormal corn, to the parasite-grower's delight.

Sedgwick must be partly forgiven for his confusion, for he has no doubt been influenced by a medicine that focuses on disease-entities and not on health, by a biology that does not consider wholes except as mere aggregates, and by that conventional wisdom of today's social science which holds that *all* goods are good because

[7] Peter Sedgwick, "Illness—mental and otherwise," *Hastings Center Studies*, Vol. 1, No. 3 (1973), pp. 30-31 (italics in original).

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they are valued, and *all* values are in turn mere conventions, wholly tied to the culture or the individual that invents them. To be sure, different cultures have different taxonomies of diseases, and differing notions of their cause. But the fact that *some* form of medicine is *everywhere* practiced—whether by medicine men and faith healers or by trained neurosurgeons—is far more significant than the differences in nosology and explanation: It strongly suggests that healers do not fabricate the difference between being healthy and being unhealthy; they only try to learn about it, each in his own way.

The language of health

I turn next away from these difficulties to the constructive part of the search for health. To begin with, I should say that I am not seeking a precise definition of health. I am rather inclined to believe that it is not possible to say definitively what health is, any more than it is possible to say wholly and precisely what "livingness" or "light" or "knowledge" or "human excellence" is. What I hope to show more clearly is what *sort* of a "thing" health is, so that we can be more secure in recognizing and promoting it, even if we are unable to capture it in speech.

First, I note that in ordinary speech we generally use the terms "health" and "healthy" as if we know what we are talking about. When military questionnaires or civil service applications ask about our state of health, we are not at a loss as to what is being inquired about, even if we may not have a simple or ready answer; the twin tendencies to exaggerate or to deny illness in answering such questionnaires prove all the more that we regard the question as meaningful and the answer as important. Even those cases in which someone feels and acts "fit as a fiddle" but harbors a fatal disease give us no difficulty: We say that the appearance of health was deceptive. The possibility of making such an error, far from undermining the existence of a true condition of health, in fact presupposes it; appearances can only be deceptive if there are realities with a view to which we discover deception.

Various idioms and expressions also support our contention that health is recognizable. Have we not heard it said of someone that he is "the picture of health"? In these and other expressions, we point to certain exemplary individuals as standards, suggesting that healthiness shines forth and makes itself known.

Etymological investigations may provide some clues for what we recognize when we recognize health. The English word *health* lit-

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erally means "wholeness," and *to heal* means "to make whole." (Both words go back to the Old English *hal* and the Old High German *heil,* as does the English word "whole.") To be whole is to be healthy, and to be healthy is to be whole. Ancient Greek has two etymologically distinct words translatable as "health," *hygeia* and *euexia. Hygeia,* the source of our word "hygiene," apparently stands for the Indo-European *sugwiges,* which means "living well," or more precisely, a "well way of living." *Euexia* means, literally, "well-habited-ness," and, in this context, "good habit of body."

Two observations are worth noting: 1) Both the Greek and the English words for health are totally unrelated to all the words for disease, illness, sickness. (This is also true in German, Latin, and Hebrew.) The Greek words for health, unlike the English, are also completely unrelated to all the verbs of healing: Health is a state or condition unrelated to, and prior to, both illness and physicians. 2) The English emphasis on "wholeness" or "completeness" is comparatively static and structural, and the notion of a whole distinct from all else and complete in itself carries connotations of self-containedness, self-sufficiency, and independence. In contrast, both Greek terms stress the *functioning* and *activity* of the whole, and not only its working, but its working well.[8]

Wholeness

Aided by these etymological reflections, we turn now from words to things in search of instances of *wholeness* and of *working-well* in nature. We shall look, of course, only at part of what is today called nature. We are not tempted to seek health in mountains or rocks or hurricanes, for these are surely not organic wholes. We look only at *animate* nature, at plants, animals, and man—true wholes, if any there be.

But are plants and animals authentic wholes, or are they mere

[8] The Greek terms suggest that health is connected with the way we live and perhaps imply that health has largely an inner cause. Indeed, it seems reasonable to think of health understood as "living well" or "well-habited" as the cause of itself. Just as courage is the cause of courageous action and hence also of courage—for we become brave by acting bravely—so "living well" *is* health, is the *cause* of health, and is *caused by* health. The activities which in English usage we might be inclined to see as *signs* or *effects* of health, might in the Greek usage appear as the *essence* of health.

Related to this, the Greek seems to imply that to stay healthy requires effort and care, that however much nature makes health possible, human attention and habit are required to maintain and preserve it. Health is neither given nor usually taken away from the outside, nor is it the gratuitously expected state of affairs.

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aggregates masquerading as wholes? I have tried elsewhere[9] to show at greater length why living things cannot even be looked at, much less understood, except as wholes—and in this sense at least, as teleological beings—regardless of whether or not the species originally came to be by non-teleological processes. I will here present only some of the evidence.

First, consider the generation of living things. Each organism comes to be not at random, but in an orderly manner, starting from some relatively undifferentiated but nevertheless specific seed or zygote produced by parents of the same species, and developing, unfolding itself from within, in successive stages that tend toward and reach a limit—itself, the fully formed organism. The adult which emerges from the process of self-development and growth is no mere outcome, but a completion, an end, a whole.

Second, a fully formed mature organism is an organic whole, an articulated whole, composed of parts. It is a structure and not a heap. The parts of an organism have specific functions which define their nature as parts: the bone marrow for making red blood cells; the lungs for exchange of oxygen and carbon dioxide; the heart for pumping the blood. Even at a biochemical level, every molecule can be characterized in terms of its function. The parts, both macroscopic and microscopic, contribute to the maintenance and functioning of the other parts, and make possible the maintenance and functioning of the whole.

But perhaps the best evidence that organisms are wholes, and that their wholeness and their healthiness correspond, is the remarkable power of self-healing. In hydra, planaria, and many plants, the power to restore wholeness shows itself in an amazing degree in the form of adult regeneration. A plant-cutting will regrow the missing roots, a hydra regrows amputated tentacles, and each half of a divided planarian will regenerate the missing half. In human beings, various organs and tissues—e.g., skin, the epithelia of the digestive tract, liver, bone marrow, and lymph nodes—have comparable regenerative powers. More generally, nearly all living things heal wounds or breaks and tend to restore wholeness. Foreign bodies are engulfed and extruded by amoebas and by man. This tendency to maintain wholeness by rejecting *additions* to the whole becomes marvelously elaborate in the immune system of higher animals, which sensitively recognizes and combats the entry of alien ele-

[9] "Teleology and Darwin's *The Origin of Species*: Beyond Chance and Necessity?", a lecture given at St. John's College, Annapolis, Maryland (October 11, 1974).

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ments, whether in the form of infectious agents, tumors, or grafted tissue.

The highly complex phenomenon of pain is also a sign that organisms are wholes. Pain serves as an advance warning, or as an accompanying sign, of a threat to bodily integrity. Yet its presence is as much a sign of wholeness as of a threat to wholeness, for pain, in normal circumstances, attests to a healthy nervous system detecting, and at the same time representing as an insistent sign, the presence of a threat of unhealth. (Here we see again a connection between experienced bodily feeling and actual bodily conditions.)

Well-working

So far my examination of wholeness has been largely, or at least explicitly, structural and static, in keeping with a view of health as capturable in a picture of health. Yet can one capture healthiness in a photograph? Don't we need at least a movie camera?

One way to examine this claim is to ask, "Is being healthy compatible with being asleep?" In a way, and up to a point, the answer must be "Yes." If we are healthy, we do not cease being healthy when we sleep. Sleep is necessary to stay healthy, and insomnia is sometimes a symptom of illness. Digestion, respiration, circulation, and metabolism continue quite normally while we sleep, but only if and because we do not sleep for long. Even this vegetative activity requires periodic wakefulness, at least enough to bite, chew, and swallow. Moreover, continued sleep would rapidly produce feebleness and atrophy of bones and muscles, as well as more gradual losses of other functions. And even if none of these disasters were to befall us, ours would be a sleepy kind of wholeness; the sleeping Rip Van Winkle might not have been sick, but he was hardly healthy. The wholeness of a man is not the wholeness of a statue of a man, but a wholeness-in-action, a working-well of the work done by the body of a man.

What constitutes *well-working*? The answers will vary from species to species: among other things, web-spinning for a spider, flight for some birds, swimming for others. For a given species, there will be some variations among individuals, increasingly so as functions are dissected into smaller and smaller subfunctions. For certain functions, the norm will be a mean between excess and deficiency: For example, blood pressure can be too high or too low, as can blood sugar or blood calcium; blood can clot too quickly or too slowly; body temperature can be too high or too low. And while

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there is some arbitrariness in our deciding on the lower and upper limits of the so-called normal range in all these cases, this indistinctness of the margins does not indicate nature's arbitrariness or indifference about the norm. For we note that the body has elaborate mechanisms to keep these properties balanced, often very precisely, between excess and deficiency, to preserve homeostasis.

Yet it is at the whole animal that one should finally look for the measure of well-working, for the well-working of the whole. That there are mechanisms for restoring well-working at this level can be seen by considering the case of a dog missing one hind leg. Such a dog still runs—though certainly not as well as when he had four legs—by positioning his remaining hind leg as close as he can to the midline of his body, to become a more balanced tripod, and he does this without being taught or without previous experience in three-legged running. There appear to be "rules of rightness," as Polanyi calls them, unique to each level of bodily organization, whose rightness is not explicable in terms of the lower levels, even though failure at the lower levels can cause failure at the higher. For example, a broken wing can prevent flight, but two intact wings, good chest muscles, and hollow bones don't add up to flight. Think about trying to give a mechanical account of the rules of rightness for the well-functioning that is riding a bicycle or swimming or speaking.

Thus, it is ultimately to the workings of the whole animal that we must turn to discover its healthiness. What, for example, is a healthy squirrel? Not a picture of a squirrel, not really or fully the sleeping squirrel, not even the aggregate of his normal blood pressure, serum calcium, total body zinc, normal digestion, fertility, and the like. Rather, the healthy squirrel is a bushy-tailed fellow who looks and acts like a squirrel; who leaps through the trees with great daring; who gathers, buries, and covers but later uncovers and recovers his acorns; who perches out on a limb cracking his nuts, sniffing the air for smells of danger, alert, cautious, with his tail beating rhythmically; who chatters and plays and courts and mates, and rears his young in large improbable looking homes at the tops of trees; who fights with vigor and forages with cunning, who shows spiritedness, even anger, and more prudence than many human beings.

To sum up: Health is a natural standard or norm—not a moral norm, not a "value" as opposed to a "fact," not an obligation, but a state of being that reveals itself in activity as a standard of bodily excellence or fitness, relative to each species and to some extent to individuals, recognizable if not definable, and to some extent at-

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tainable. If you prefer a more simple formulation, I would say that health is "the well-working of the organism as a whole," or again, "an activity of the living body in accordance with its specific excellences."[10]

III. The pursuit of health

The foregoing inquiry into the nature of health, though obviously incomplete and in need of refinement, has, I hope, accomplished two things: first, to make at least plausible the claim that somatic health is a finite and intelligible norm, which is the true goal of medicine; and second, by displaying something of the character of healthiness, to provide a basis for considering how it might be better attained. *Curiously, it will soon become apparent that even if we have found the end of medicine, we may have to go beyond medicine in order to find the best means for attaining it.*

Though health is a natural norm, and though nature provides us with powerful inborn means of preserving and maintaining a well-working wholeness, it is wrong to assume that health is the simply given and spontaneous condition of human beings, and unhealth the result largely of accident or of external invasion. In the case of non-human animals, such a view could perhaps be defended. Other animals instinctively eat the right foods (when available) and act in such a way as to maintain their naturally given state of health and vigor. Other animals do not overeat, undersleep, knowingly ingest toxic substances, or permit their bodies to fall into disuse through sloth, watching television and riding in automobiles, transacting business, or writing articles about health. For us human beings, however, even a healthy nature must be nurtured, and maintained by effort and discipline if it is not to become soft and weak and prone to illness, and certain excesses and stresses must be avoided if this softness is not to spawn overt unhealth and disease. One should not, of course, underestimate the role of germs and other hostile agents working from without; but I strongly suspect that the germ theory of disease has been oversold, and that the state of "host resistance," and in particular of the immunity systems, will become

[10] Whatever progress we may have made in our search for health, large questions still remain, which I defer to another occasion. These questions include: What activities of the living body should be considered, and are all of them of equal rank? What are the specific excellences or fitnesses of various organisms, and can one hope to discover these standards for a being as complex as man, whose activities are so highly diversified and differentiated? What is a living body, and what a specifically *human* living body? Finally, what is the relation of health of body to psychic health?

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increasingly prominent in our understanding of both health and disease.

Once the distinction is made between health nurture and maintenance, on the one hand, and disease prevention and treatment, on the other, it becomes immediately clear that bodily health does not depend only on the body and its parts. It depends decisively on the psyche with which the body associates and cooperates. A few examples will make this clear, if it is not already obvious. Some disorders of body are caused, at least in part, by disorders of soul (psyche); the range goes from the transitory bodily effects of simple nervousness and tension headaches, through the often severe somatic symptoms of depression (e.g., weight loss, insomnia, constipation, impotence), to ulcers and rheumatoid arthritis. Other diseases are due specifically to some aspect of the patient's way of life: cirrhosis in alcoholics, hepatitis in drug addicts, special lung diseases in coal miners, venereal disease in prostitutes.

But the dependence goes much farther than these obvious psycho- and socio-somatic interactions. In a most far-reaching way, our health is influenced by our temperament, our character, our habits, our whole way of life. This fact was once better appreciated than it is today.

In a very early discussion of this question, in the Platonic dialogue *Charmides*, Socrates criticizes Greek physicians for foolishly neglecting the whole when attempting to heal a part. He argues that "just as one must not attempt to cure the eyes without the head or the head without the body, so neither the body without the soul." In fact, one must care "first and most" for the soul if one intends the body to be healthy. If the soul is moderate and sensible, it will not be difficult to effect health in the body; if not, health will be difficult to procure. Greek medicine fails, it is charged, because men try to be physicians of health and of moderation separately.

Socrates does not say that excellence of soul and excellence of body are one and the same; indeed, health is clearly distinguished from moderation. Rather, the claim is that health is at least in large part affected by or dependent upon virtue, that being well in body has much to do with living well, with good habits not only of body but of life.

Now Socrates certainly knew, perhaps better than we, that accident and fortune can bring harm and ill health even to well-ordered bodies and souls. He knew about inborn diseases and seasonal maladies and wounds sustained in battle. He knew that health, though demanding care and discipline and requiring a certain control of

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our bodily desires, was no sure sign of virtue—and that moderation is not all of virtue. He knew too, as we know, human beings whose healthiness was the best thing about them, and he knew also that to be preoccupied with health is either a sign or a cause of a shrunken human life. Yet he also knew what we are today altogether too willing to forget—that *we are in an important way responsible for our own state of health,* that carelessness, gluttony, drunkenness, and sloth take some of their wages in illness. At a deeper level, he knew that there was a connection between the fact that the human soul aspires beyond mere self-preservation, and the fact that men, unlike animals, can make themselves sick and feverish. He knew, therefore, that health in human being depends not only on natural gifts, but also on taming and moderating the admirable yet dangerous human desire to live better than sows and squirrels.

The Breslow findings

Today we are beginning again to consider that Socrates was possibly right, that our way of life is a major key to our sickness and our health. I would myself guess that well more than half the visits to American doctors are occasioned by deviations from health for which the patient, or his way of life, is in some important way responsible. Most chronic lung diseases, much cardiovascular disease, most cirrhosis of the liver, many gastrointestinal disorders (from indigestion to ulcers), numerous muscular and skeletal complaints (from low back pain to flat feet), venereal disease, nutritional deficiencies, obesity and its consequences, and certain kinds of renal and skin infections are in large measure self-induced or self-caused —and contributed to by smoking, overeating, excessive drinking, eating the wrong foods, inadequate rest and exercise, and poor hygiene. To these conditions must be added the results of trauma—including automobile accidents—in which drunkenness plays a leading part, and suicide attempts, as well as accidental poisonings, drug abuse, and many burns. I leave out of the reckoning the as yet poorly studied contributions to unhealth of all varieties made by the special stresses of modern urban life.

There are even indications that cancer is in some measure a disease of how we live, even beyond the clear correlations of lung cancer with smoking and of cancer of the cervix with sexual promiscuity and poor sexual hygiene. If the incidence of each kind of cancer could be reduced to the level at which it occurs in the population in which its incidence is lowest, there would be 90 per cent

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less cancer. Recent studies show that cancers of all sorts—not only cancers clearly correlated with smoking and drinking—occur less frequently among the clean-living Mormons and Seventh-Day Adventists.

The foregoing, it will be noted, speaks largely about disease and unhealth, and about the role of our excesses and deficiencies in bringing them about. Unfortunately, we know less about what contributes to healthiness, as nearly all epidemiological studies have been studies of disease. But in the last few years, there have appeared published reports of a most fascinating and important series of epidemiological studies on *health,* conducted by Dean Lester Breslow and his colleagues at the UCLA School of Public Health. Having first developed a method for quantifying, albeit crudely, one's state of health and well-functioning, they investigated the effect of various health practices on physical health status. They have discovered, empirically, seven independent "rules" for good health, which correlate very well with healthiness, and also with longevity. People who follow all seven rules are healthier and live longer than those who follow six, six more than five, and so on, in perfect order. Let me report two of their more dramatic findings: The physical health status of those over 75 who followed all the "rules" was about the same as those aged 35-44 who followed fewer than three; and a person who follows at least six of the seven rules has an 11-year longer life expectancy at age 45 than someone who has followed less than four. Moreover, these differences in health connected with health practices persisted at all economic levels, and, except at the very lowest incomes, appeared largely independent of income.[11]

The seven "rules" are: 1) Don't smoke cigarettes. 2) Get seven hours of sleep. 3) Eat breakfast. 4) Keep your weight down. 5) Drink moderately. 6) Exercise daily. 7) Don't eat between meals. ("Visit your doctor" is not on the list, though I must confess that I cannot find out if this variable was investigated.) It seems that Socrates, and also Grandmother, may have been on the right track.

One feels, I must admit, a bit foolish, in the latter half of the 20th century, which boasts the cracking of the genetic code, kidney machines, and heart transplants, to be suggesting the quaint formula, "Eat right, exercise, and be moderate, for tomorrow you will

[11] Nedra B. Belloc and Lester Breslow, "Relationship of Physical Health Status and Health Practices," *Preventive Medicine 1* (1972), pp. 409-421; and Nedra B. Belloc, "Relationship of Health Practices and Mortality," *Preventive Medicine 2* (1973), pp. 67-81.

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be healthy." But quaint formulas need not have been proven false to be ignored, and we will look far more foolish if Breslow and his colleagues are onto something which, in our sophistication, we choose to overlook.

IV. Implications for policy

What might all this point to for medicine and for public policy regarding health? Let me try to sketch in outline the implications of the preceding sections, which, as a point of departure, I would summarize in this way: Health and only health is the doctor's proper business; but health, understood as well-working wholeness, is not the business only of doctors. Health is, in different ways, everyone's business, and it is best pursued if everyone regards and minds his *own* business—each of us his own health, the doctor the health of his patient, public health officials and legislators the health of the citizens.

With respect to the medical profession itself, there is a clear need to articulate and delimit the physician's domain and responsibilities, to protect against both expansion and contraction. The more obvious and perhaps greater danger seems to be expansion, given the growing technological powers that can serve non-therapeutic ends and the rising demands that these powers be used for non-medical ends. The medical profession must take the initiative in establishing and policing the necessary boundaries. The American Medical Association, the state and county medical societies, and the various specialty organizations would do well to examine current practices and to anticipate new technologies with a view to offering guidance to their members amidst these dangers. In some cases, they might well try to discourage or proscribe certain quasi-medical or extra-medical uses of medical technique. For example, the American College of Obstetrics and Gynecology should consider regulations barring its members from helping prospective parents determine or select the sex of their child-to-be; or the American Association of Neurological Surgeons could establish strict guidelines for the permissible uses, if any, of destructive brain surgery for the sake of modifying behavior.

It is true that such guidelines can always be violated in the privacy of an examining room or operating theater—but what rule cannot?—and it is also true that the decentralized character of American medicine makes professional self-regulation more difficult than in, say, Britain. Still, the profession has heretofore not

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concerned itself with this problem, and it would be foolish to declare inefficacious a remedy not even contemplated because the disease itself had yet to be recognized.

Medical licensure provides an alternative device for drawing boundaries. It would be worthwhile to reconsider the criteria for medical licensure, and the privileges and prerogatives that it is meant to confer. The current system of licensing was designed largely to protect the public, and the reputation of the profession, against incompetents and charlatans. Yet this license to practice healing is now *de facto* a license to conduct research on human subjects, as well as a license to employ biomedical techniques in the service of any willing client, private or public, for almost any purpose not forbidden by law. Because these various techniques involve direct physical or chemical intervention into the human body, and because the practice of such interventions has been restricted to those who know about and can protect the human body, a medical license has been regarded as a necessary condition for all these extra-medical activities; but it has also come to be regarded as a *sufficient* condition.

Some have argued that changes in licensing be made to clearly distinguish the healing profession, and to require special (and additional) licensing for those who would engage in clinical research, practice various forms of biomedical indulgence, or serve purposes of social reform and social control. In some cases, people have called for completely separate professions of, say, abortionists, artificial inseminators, mercy killers, surgical beautifiers, mood elevators, and eugenic counsellors. This approach is recommended not only because it keeps the boundaries neat, but because it prevents the poor use of medical expertise and training, since at least some of these procedures and practices—including first-trimester abortion—could be mastered by moderately intelligent and dextrous high school graduates with six months of technical training.

On the other hand, since the demand for these extra-medical services is unlikely to disappear, it might be dangerous to separate them from the practice of medicine. Keeping the various functions and "professions" mixed together under the medical umbrella might cover them all with the longstanding ethical standards of the traditional medical profession, a protection that might not readily be provided, or even sought, by the "younger professions" if they were to be separated or expelled from the healing profession. Those who hold this view are willing to tolerate some confusion of purpose in exchange for what they believe will help produce necessary re-

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straints. But whether the restraint would in fact be forthcoming is an open question.

But the greatest difficulty is how to protect the boundaries of the medical domain against unreasonable *external* demands for expansion. The public's misperception of medicine is ultimately more dangerous than the doctor's misperception of himself. The movement towards consumer control of medicine, the call for doctors to provide "therapy" for social deviants and criminal offenders, and the increasing governmental regulation of medical practice all run the risk of transforming the physician into a mere public servant, into a technician or helper for hire. Granted, the doctor must not be allowed to be a tyrant. But neither must he become a servant. Rather, he must remain a leader and a teacher. The community must respect the fact that medicine is an art and that the doctor is a man of expert knowledge, deserving more than an equal voice in deciding what his business is. Though one may rightly suspect *some* of the motives behind the medical profession's fear of governmental intrusion, one must acknowledge the justice of at least this concern: Once the definition of health care and the standards of medical practice are made by outsiders—and the National Health Insurance schemes all tend in this direction—the physician becomes a mere technician.[12]

The case for health maintenance

Yet if the medical profession wants to retain the right to set its own limits, it must not only improve its immunity against foreign additions to its domain, but must also work to restore its own wholeness. The profession must again concern itself with health, with wholeness, with well-working, and not only with the cure of disease. The doctor must attend to health maintenance, and not only treatment or even prevention of specific diseases. He should no longer look befuddled when a patient asks him, "Doctor, what regi-

[12] A recent lawsuit in Maryland illustrates how consumerism and governmental participation can work together toward this result. A married woman brought suit against two Washington suburban hospitals that refused to permit her to undergo voluntary sterilization procedures in their facilities, despite her physician's agreement to perform the operation. (One hospital had refused permission on moral grounds, the other because the patient and her husband refused to comply with hospital regulations for sterilization procedures that required permission of the spouse.) The suit claimed that the hospitals, because they had received Hill-Burton funding for construction, were obliged to meet the health needs of all members of the community, without discrimination. The plaintiff blithely *assumed* that the community, or rather each member thereof, is the final judge of what constitutes a *health need*. The case has not yet been decided.

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men do you suggest in order that I may remain healthy?" This implies, of course, changes in medical orientation that in turn imply changes in medical education both difficult to design in detail and not easy to institute in practice. But again, we have not seriously thought about how to do this, because we have not seen that it was something that might need doing. To recognize and identify this defect is to take the first, and thus the biggest, step toward its amelioration.

I am not saying that doctors should cease to be concerned about disease, or that they should keep us in hospitals and clinics until we become fully healthy. I do suggest, however, that physicians should be more interested than they are in finding ways to keep us from their doors. Though medicine must remain in large part restorative and remedial, greater attention to healthy functioning and to regimens for becoming and remaining healthy could be very salutary, even toward the limited goal of reducing the incidence of disease. Little intelligence and imagination have thus far been expended by members of the profession, or by health insurance companies, to devise incentive schemes that would reward such a shift in emphasis (e.g., that would reward financially both patient and physician if the patient stays free of the need for his services). I invite people cleverer than I to make such efforts, especially in conjunction with the likely changes in the financing of medical care.

Moving beyond implications for the relation between doctor and patient to those for medical research, I would emphasize the importance of epidemiological research on *healthiness*. We need to devise better indices of healthiness than mortality and morbidity statistics, which, I have argued, are in fact not indices of *health* at all. The studies like those of Breslow and his collaborators are a step in the right direction and should be encouraged. Only with better measures of healthiness can we really evaluate the results of our various health practices and policies.

We also need large-scale epidemiological research into health maintenance, to learn more about what promotes, and what undermines, health. More sophisticated studies in nutrition, bodily exercise, rest and sleep, relaxation, and responses to stress could be very useful, as could expanded research into personal habits of health and hygiene and their effects on general healthiness, overall resistance to disease, and specific resistance to specific diseases. We need to identify and learn about healthy subgroups in the community, like the Mormons, and to discover what accounts for their success.

All of these things are probably obvious, and most of them have been championed for years by people in the fields of public health

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and preventive medicine—though they too have placed greater emphasis on disease prevention than on health maintenance. Their long-ignored advice is finally beginning to be heeded, with promising results. For example, a recent study reports a surprising downturn (after a 25-year climb) in the death rate from heart attacks among middle-aged men, attributed in part to changes in smoking and eating habits and to new treatments for high blood pressure. Yet this approach will always seem banal and pedestrian in comparison with the glamorous and dramatic style of high-technology therapeutics, with the doctor locked in combat with overt disease, displaying his marvelous and magical powers. My high regard for these powers cannot stifle the question whether the men who first suggested adding chlorine to drinking water or invented indoor plumbing didn't contribute more to healthiness than the Nobel Prize winners in Medicine and Physiology who discovered the chemical wonders of enzyme structure or of vision. It might be worthwhile to consider by what kinds of incentives and rewards the National Institutes of Health or the AMA might encourage more and better research into health maintenance and disease prevention.

Fostering responsibility

Yet as has been repeatedly emphasized, doctors and public health officials have only limited power to improve our health. Health is not a commodity which can be delivered. Medicine can help only those who help themselves. Discovering what will promote and maintain health is only half the battle; we must also find ways to promote and inculcate good health habits and to increase personal responsibility for health. This is, no doubt, the most fundamental and also the most difficult task. It is but one more instance of that age-old challenge: how to get people to do what is good for them without tyrannizing them. The principles of freedom and of wisdom do not always—shall I say, do not very often?—lead in the same direction.

Since this is not a new difficulty, we do have some experience in how to think about it. Consider the problem of getting people to obey the law. Policemen and judges are clearly needed to handle the major crimes and criminals, but it would be foolish to propose, and dangerous to provide, even that degree of police surveillance and interference required to prevent only the most serious law-breaking. But though justice is the business of the policeman and the judge, it is not their business alone. Education—at home, in schools, in civic and religious institutions—can "teach" law-abiding-

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ness far better than policemen can, and where the former is successful, there is less need of the latter.

Yet even without considering the limitations of this analogy, the limits of the power of teachers—and of policemen as well—to produce law abidingness are all too apparent. And when one considers that fear of immediate, identifiable punishment probably deters lawbreaking more than fear of unhealth deters sloth and gluttony, we see that we face no simple task. The wages of poor health habits during youth are only paid much later, so much later that it is difficult to establish the relation of cause and effect, let alone make it vivid enough to influence people's actions. If it isn't likely to rain for 20 years, few of us are likely to repair our leaky roofs.

This is not a counsel of despair. On the contrary, I am much impressed with the growing interest in health and health education in recent years, including the greater concern for proper nutrition, adequate exercise, dental hygiene, and the hazards of smoking, and the evidence that, at least among some groups, this attention is bearing fruit. Nevertheless, when we consider the numerous impediments to setting in order our lives and our communities, I think we should retain a healthy doubt about just how healthy we Americans are likely, as a community, to become.

This skepticism is rather lacking in most political pronouncements and policies regarding health. Making unwarranted inferences from medicine's past successes against *infectious* disease, being excessively impressed with the technological brilliance of big hospital medicine, mobilizing crusades and crash programs against cancer and heart disease, the health politicians speak as if more money, more targeted research, better distribution of services, more doctors and hospitals, and bigger and better cobalt machines, lasers, and artificial organs will bring the medical millennium to every American citizen. Going along with all this is a lack of attention to health maintenance and patient responsibility. While it would surely be difficult for the federal government to teach responsibility, we should not be pleased when its actions in fact discourage responsibility.

A right to health?

One step in this direction is the growing endorsement of the so-called right to health, beyond the already ambiguous and dubious right to health care. A recent article argued thus:

> The right to *health* is a fundamental right. It expresses the profound truth that a person's autonomy and freedom rest upon his ability to

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> function physically and psychologically. It asserts that no other person can, with moral justification, deprive him of that ability. The right to *health care* or the right to *medical care*, on the other hand, are qualified rights. They flow from the fundamental right, but are implemented in institutions and practices only when such are possible and reasonable and only when other rights are not thereby impeded.[13]

If the right to health means only the right not to have one's health destroyed by another, then it is a reasonable but rather impotent claim in the health care arena; the right to health care or medical care could hardly flow from a right to health, unless the right to health meant also and mainly the right to become and to be kept healthy. But if health is what we say it is, it is an unlikely subject of a right in either sense. Health is a state of being, not something that can be given, and only in indirect ways something that can be taken away or undermined by other human beings. It no more makes sense to claim a right to health than a right to wisdom or courage. These excellences of soul and of body require natural gift, attention, effort, and discipline on the part of each person who desires them. To make my health someone else's duty is not only unfair; it is to impose a duty impossible to fulfill. Though I am not particularly attracted by the language of rights and duties in regard to health, I would lean much more in the direction, once traditional, of saying that health is a *duty*, that one has an obligation to preserve one's own health. The theory of a right to health flies in the face of good sense, serves to undermine personal responsibility, and, in addition, places obligation where it cannot help but be unfulfillable.

The "kidney-machine" legislation

Similarly, the amendment to the Medicare legislation which provides payment for "kidney-machine" treatment for all in need, at a cost of from $10,000 to $40,000 per patient, is, for all its good intentions, a questionable step. First of all, it establishes the principle that the federal government is the savior of last resort—or, as is more likely at this price tag, the savior of first resort—for specific persons with specific diseases. In effect, the government has said that it is in the national interest for the government to pay, disease by disease, life by life, for life-saving measures for all its citizens. The justice of providing benefits of this magnitude solely to people

[13] Philip R. Lee and Albert R. Jonsen, editorial: "The Right to Health Care," *American Review of Respiratory Disease*, Vol. 109 (1974), pp. 591-92 (italics in original). Dr. Lee is a former Assistant Secretary for Health at HEW.

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with kidney disease has been loudly questioned, and hemophilia organizations are pressing for government financing of equally expensive treatment. Others have called attention to the impossible financial burden that the just extension of this coverage would entail. Finally, this measure gives governmental endorsement, in a most dramatic and visible way, to the high-cost, technological, therapy-oriented approach to health. This approach has been challenged, on the basis of a searching analysis of this kidney-machine legislation, in a report by a panel of the Institute of Medicine of the National Academy of Sciences, which, with admirable self-restraint, comments: "One wonders how many billions of dollars the nation would now be spending on iron lungs if research for the cure of polio had not been done."[14]

This is not to say that, in the special case of the kidney machines under the special circumstances in which the legislation was passed, a persuasive case was not made on the other side. Clearly, it was hoped that perfection of kidney transplantation or future prevention of kidney disease would make this high-cost insurance obsolete before too long. Moreover, no one wishes to appear to be, or indeed to be, callous about the loss of life, especially preventable and premature loss of life. Still, the dangers of the kidney machine legislation must be acknowledged.

One might even go so far as to suggest that prudent and wise legislators and policy makers must in the future resist (in a way that no private doctor should be permitted to resist) the temptation to let compassion for individual calamities and general sentimentality rule in these matters. Pursuing the best health policy for the American people—that is, a policy to encourage and support the best possible health for the American people—may indeed mean not taking certain measures that would prevent known deaths. Only by focusing on health and how one gets it, and by taking a more long-range view, can our health policy measure up in deed to its good intentions.

Is National Health Insurance good for health?

The proposals for a National Health Insurance seem also to raise difficulties of this sort, and more. Medical care is certainly very expensive, and therefore, for this reason alone, not equally available to all. The economic problems are profound and genuine, and there

[14] *Disease by Disease Toward National Health Insurance?* (Washington, D.C., Institute of Medicine-National Academy of Sciences, 1973).

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are few dispassionate observers who are not convinced that something needs to be done. Many technical questions have been debated and discussed, including the range of coverage and the sources of financing, and organized medicine has voiced its usual concern regarding governmental interference, a concern which I have already indicated I share in regard to the delimitation of the doctor's role and the scope of health care. But some of the most serious issues have received all too little attention.

The proposals for National Health Insurance take for granted the wisdom of our current approaches to the pursuit of health, and thereby insure that in the future we will get more of the same. These proposals will simply make available to the non-insured what the privately insured now get: a hospital-centered, highly technological, disease-oriented, therapy-centered medical care. The proposals have entirely ignored the question of whether what we now do in health is what we should be doing. They not only endorse the status quo, but fail to take advantage of the rare opportunity which financial crises provide to re-examine basic questions and directions. The irony is that real economizing in health care is probably possible only by radically re-orienting the pursuit of health.

One cannot help getting the impression that it is economic *equality*, not health, and not even economizing, that is the primary aim of these proposals. At a recent seminar in which I participated, an official of HEW informally expressed irritation at those who are questioning whether the so-called health care delivery system is really making us healthier, and suggested that their main goal was to undermine liberal programs enacted in recent years. Yet this official went on to say that even if the evidence conclusively showed that all the government's health programs in no way actually improved health, the programs ought to be continued for their extra-medical —i.e., social and economic—benefits. For myself, I confess that I would prefer as my public health official the cold-hearted, even mean-spirited fellow who is interested in health and who knows how to promote it.

All the proposals for National Health Insurance embrace, without qualification, the no-fault principle. They therefore choose to ignore, or to treat as irrelevant, the importance of personal responsibility for the state of one's health. As a result, they pass up an opportunity to build both positive and negative inducements into the insurance payment plan, by measures such as refusing or reducing benefits for chronic respiratory disease care to persons who continue to smoke.

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There are, of course, complicated questions of justice raised here, and even to suggest that the sick ever be in any way blamed or penalized flies in the face of current custom and ways of thinking. Yet one need not be a Calvinist or a Spartan to see merit in the words of a wise physician, Robert S. Morison, writing on much the same subject:

> In the perspectives of today, cardiovascular illness in middle age not only runs the risk of depriving families of their support, or society of certain kinds of services; it increasingly places on society the obligation to spend thousands of dollars on medical care to rescue an individual from the results of a faulty living pattern. Under these conditions, one wonders how much longer we can go on talking about a right to health without some balancing talk about the individual's responsibility to keep healthy.
>
> I am told that Thorstein Veblen used to deplore the fact that in California they taxed the poor to send the rich to college. One wonders how he would react to a system which taxes the virtuous to send the improvident to hospital.[15]

But even leaving aside questions of justice, and looking only at the pursuit of health, one has reason to fear that the new insurance plan, whichever one it turns out to be, may actually contribute to a worsening rather than an improvement in our nation's health, especially if there is no balancing program to encourage individual responsibility for health maintenance.

One final word. Despite all that I have said, I would also emphasize that health, while a good, cannot be the greatest good, either for an individual or for a community. Politically, an excessive preoccupation with health can conflict with the pursuit of other important social and economic goals (e.g., when cancerphobia leads to government regulations that unreasonably restrict industrial activity or personal freedom). But more fundamentally, it is not mere life, nor even a healthy life, but rather a good and worthy life for which we must aim. And while poor health may weaken our efforts, good health alone is an insufficient condition or sign of a worthy human life. Indeed, though there is no such thing as being too healthy, there is such a thing as being too concerned about health. To be preoccupied with the body is to neglect the soul, for which we should indeed care "first and most," and more than we now do. We must strike a proper balance, a balance that can only be furthered if the approach to health also concentrates on our habits of life.

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[15] R. S. Morison, "Rights and Responsibilities: Redressing the Uneasy Balance," *The Hastings Center Report*, Vol. 4, No. 2 (April 1974), p. 4.

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Mass transportation and minority transportation

B. BRUCE-BRIGGS

As is well known, America has the best mass transportation system in the world. This mass transit system moves people with a speed, convenience, comfort, and flexibility quite beyond comparison with other systems. Nearly every country envies us our system, and attempts to imitate it.

The American mass transportation system consists of three principal elements. First, part of the land area of the nation is dedicated as rights-of-way for the system. Sometimes these are unimproved dirt; more often they are covered with gravel, concrete, and/or very low quality liquid hydrocarbons. Most of these thoroughfares are government-owned, locally maintained, and completely open to public use. Others are owned by public corporations who restrict access to those who pay for the privilege. Still other thoroughfares are privately owned, and therefore subject to the normal rights of private property; however, in custom and practice, any person who so wishes may normally use them.

The second element in the American mass transportation system is one hundred million individually operated vehicles. Almost all of these have four wheels and synthetic rubber tires, and are powered by mechanisms that mix air and liquid hydrocarbons carried in the vehicle to produce kinetic energy. These individually operated ve-

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hicles are capable of travelling on any of the thoroughfares of the system, so they have great flexibility of movement. The operator has control of the speed—between zero and 100 miles an hour—acceleration, deceleration, route, destination, time of departure, and time of arrival. Most individually operated vehicles are privately owned and maintained.

The third element in the American mass transit system is these owner-operators. Approximately 125 million Americans, which is almost all adults, have varying degrees of competence in negotiating individually operated vehicles on thoroughfares. Since they are performing this "labor" themselves, they do not charge themselves for it.

The entire system is financed from a mixture of sources. The thoroughfares, being state-owned, are paid for almost entirely by direct levies upon the users—fees for operators' licenses, fees for licensing of vehicles, taxes on the liquid hydrocarbons, etc. The vehicles themselves are individually purchased through small businessmen who have franchises from the manufacturers of the vehicles. Replacement parts and other supplies for the vehicles are supplied by tens of thousands of manufacturers, distributors, and retailers. The operators are trained mostly by their families and friends, so there is very little economic cost involved in this educational process. The total cost of the system is enormous—no one knows how much, nor can it even be accurately estimated. One can guess at perhaps 10 per cent of GNP. This however, would not appear too high a cost to pay, because the system described moves 94 per cent of all intracity trips, 80 per cent of all trips to work, and 85 per cent of all intercity trips.

This is the American mass transit system. Every other method of moving people in or between cities is trivial by comparison; every other mode is a minority system.

Of course, this is the auto-highway system—with benefits so manifold that they are often forgotten. Taken for granted are the advantages of the automobile: Every rider sits in a nicely padded seat (usually adjustable) with plenty of leg room. The internal temperature can be controlled by heater, ventilation, and—more and more commonly—air conditioning. The vehicle is almost always provided with entertainment—a radio with dozens of stations to choose from, or a tape-playing device with thousands of casettes available.

Perhaps more important, the rider has privacy. He is not troubled by the presence of other people. If he likes he can sing or talk to himself. For many people, the time spent driving is the only extended opportunity for contemplation. Moreover, the operator has

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the opportunity for pleasure in the act of operating the vehicle. It is a form of athletics, requiring coordination of man and machine and offering the satisfaction of doing things well. The failure of car pooling demonstrates the high value Americans put on such convenience and privacy. Merely joining a two-person car pool would cut operating costs almost in half and slow the trip to and from work only by the time it takes one partner to pick up the other. But in the real world, few people are willing to go to the trouble because the complications of car pooling increase exponentially with the number of people involved.

But there are other advantages aside from convenience and comfort. The decentralized nature of the system is one of them. Since a driver is working for himself, he has high incentives to perform regularly. He is not organized and does not go on strike. Also, the auto-highway system is extremely reliable. The highway is such a simple mechanism that a total failure is very rare and can be made good by alternative routes. The automobiles themselves rarely fail, and break-downs usually have little effect on the rest of the system.

Another advantage of the auto-highway system usually overlooked is personal security. A moving vehicle is nicely protected from attack or assault. An auto is a private place locked from the inside. Pedestrians and riders on public transit are mugged; drivers hardly ever are. The security of the automobile is demonstrated by the fact that people will drive through crime-ridden areas (windows up and doors locked) where they would not dare to venture forth on foot.

Drawbacks of the auto-highway system

Nevertheless, the auto-highway system, despite its patent advantages over all other systems—advantages demonstrated by the great affection the American people hold for it and by the fact that it has utterly defeated all rival systems—is increasingly under attack in the country today. People who dislike the system prefer to denigrate, disregard, or at least take for granted its obvious advantages and instead concentrate on its costs. Some of those costs, as we shall see, are indeed quite serious. But not all of the supposed costs are real.

Thus, it is often said that the auto-highway system discriminates against the poor, particularly the "inner-city" poor and most especially the poor black Americans among them. It is true that these groups make use of the system less than the public at large; but for all of them as well, it is *the* mass transit system. According to

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Gallup, 60 per cent of black Americans,[1] 65 per cent of people with incomes between $3,000-$5,000 a year, and 60 per cent of people with incomes under $3,000 a year go to work by car. A majority of the poor do use the mass transit system. It is also argued that the auto-highway system discriminates against the poor because they cannot get to available jobs in the suburbs from center-city locations. But this is patently not the case: The typical "inner-city" neighborhood is much better situated relative to jobs in the entire metropolitan area than is the typical suburb. Central city residents are well located to commute either to downtown areas or out to peripheral locations. The most casual observation of urban freeways reveals much out-commutation. This is not surprising, since almost everybody with a steady job can afford an automobile and in fact has an automobile. A car can be bought for a few hundred dollars, and credit is available. And the operating expenses are less than 10 cents per mile.[2] Some people choose not to operate automobiles, but few are so poor that they cannot afford to.

It has also been said that the urban worker is caught in a vicious cycle because he needs a car to get to work, but he cannot even go to apply for a job without a car. This line of thought is a serious insult to the intelligence of the American working man. If people do not work, it is because there are no jobs available or they do not want to work, not because they are too dumb to find their way to a job interview. People without cars have friends or relatives with cars, or can take buses, or if really necessary, a taxicab. It is interesting to note that, for a long time, the worst-paid workers in the urban labor force have managed somehow to get to work without cars—the domestic servants.

A more serious charge against the auto-highway system is that it is unsafe. Approximately 50,000 Americans are killed each year as a consequence of the operations of the auto-highway system; hundreds of thousands are injured. There is no doubt that this is a relatively costly system in terms of human life and that a lowering of these costs is eminently desirable. But, paradoxically, one of the reasons it is so difficult to lower those costs is that the automobile is reasonably safe for any individual on any single trip; hence it is difficult to persuade drivers to take more than the most elementary safety precautions. The death rate for motorists is about four per 100 mil-

[1] The auto-mobilization of black America was one of the great social gains of the 1960's ignored by commentators. There are now over 100,000 black mechanics.

[2] Department of Transportation estimates of the cost of operating an automobile assume the owner does *not* perform his own maintenance; most government "social" data have such middle-class assumptions.

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lion vehicle miles. Therefore, the motorist's probability of getting killed in a 10,000-mile year is .0004; the motorist's probability of being killed on an average five-mile trip is .0000002, or five million to one against. But even these figures for the overall death rate are misleadingly high. Two thirds of all highway fatalities are in rural areas where the roads are poorer and where a crash victim has more chance of dying in the car before medical help can reach him. For 1973, the National Safety Council estimated that *urban* traffic deaths were 18,200, so the odds against being killed in a five-mile urban trip are about 13 million to one. And the odds are much better if one is not a young man and/or a chronic heavy drinker.

Air pollution is another unfortunate "externality" (as the economists say) of the auto-highway system. The combustion process of the internal-combustion engine leaves undesirable by-products—unburned hydrocarbons, carbon monoxide, and oxides of nitrogen, which, in existing concentrations, are annoying and have marginal (but measurable) ill effects on health. Still, it is important to remember that automobile air pollution is a problem only in relatively small areas of the country. Pollution is a function of emissions per unit volume of air, which is almost directly proportionate to land area. So the very low-density areas where most Americans who are entirely reliant on the automobile live suffer little from pollution. It is the few high-density areas that have a real problem. This problem, however, is diminishing with every passing year. As a result of government regulations, modest changes in existing technology—modified ignition timing, carburetor revisions, control of intake and combustion temperatures—have reduced emissions to less than 30 per cent of their uncontrolled levels, with trivial effects on the traditional engine parameters of cost, power, fuel economy, weight, reliability, and "drivability." Stricter measures—including exhaust gas recirculation—have reduced emissions to less than 10 per cent of uncontrolled levels, though at considerable costs. (The "Muskie standards" of the 1970 Clean Air Act, which President Ford has recently asked to be delayed, require a reduction to three per cent of uncontrolled emissions.) As a consequence of these and other changes, air pollution is being reduced in most localities.

Congestion and "suburban sprawl"

While only a few people in a few limited areas are troubled by pollution, congestion or too much traffic is a widespread complaint. In a sense, complaining about congestion is rather like complaining

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about getting theater tickets to a smash hit. It simply means too many people are using the highway at the same time, requiring queueing and reductions in speed in order to shorten headway to increase highway capacity. And the obvious response to congestion is Malthusian—as it increases at some times of the day over some routes, people will select other times and routes. This is what happens today. But there are practical limits: When congestion is severe, all routes become jammed and the congestion period—"rush hour" —extends.

The standard solution is to increase the traffic capacity of the highways, sometimes by technical improvements—widening, abolishing curb-cuts, timed lights, etc.—but more often by building new highways. A school of anti-highway journalism maintains that these are a failure because traffic volume and congestion immediately increase. The argument is specious on several grounds. First, congestion does *not* normally return to its previous levels. Second, these critics fail to ask what the traffic would have been if the highway had not been built. And third, even with the congestion, people move faster than they can on any alternative system.

But this is not satisfactory. "Bruce-Briggs' Law of Traffic" applies: At any level of traffic, any delay is intolerable. It is amusing for someone accustomed to the traffic in New York to hear residents of places like Houston and Atlanta complain about congestion on the highways. Imagine, in rush hour they have to slow down to 35 miles an hour!

The favored cures for congestion are twofold: Increase traffic capacity, usually by building more highways, or reduce traffic, usually by shifting commuters to other means of transportation. As we shall see, each of these answers raises very difficult problems. Better solutions can be derived from a more fundamental understanding of the phenomenon. Congestion is caused by an inadequate ratio of highway capacity to "traffic generators"; that is, by too many people going to places and finding insufficient highways to take them there. Merely building highways is not enough if the highway construction is accompanied by simultaneous development of more traffic generators. America's great cities would have long ago choked on traffic had they not been expanding in area, thereby dispersing their traffic generators more rapidly than they were growing in population. The entire system of the automobile must be taken into account: With cars, people spread out, population densities drop, businesses follow their clients and workers, traffic generators decentralize, traffic diffuses. This process is often seen as the cause of congestion; in

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fact, it is the solution, as it is also the long-term answer to the pollution problem.

A worse charge is that the automobile has caused "suburban sprawl" and the decay of our inner cities. But this is not a cost, it is a benefit of the system. Cheap automobiles and "free" highways have offered our citizenry a wide choice of where to live; given that choice, a majority have selected the suburbs. Previously, their residential locations were restricted to those places where public or private corporations decided to put a transit line.

It is a real possibility that, except in a few "exotic" locations, the high-density city will no longer exist in America. This should not surprise us. It is probable that the high-density city was itself a by-product of inefficient transportation systems (walking, trolleys, "rapid transit"); with a far superior system—the automobile—available, it now may be obsolete. This may be a great misfortune for the minority who highly value the vibrant life of the traditional city, but to blame the auto for having "degraded" the structure of cities is to blame it for having given the great majority of individual Americans the freedom to choose how and where they want to live.

The common exhibiting of Los Angeles as the horrid example of what happens when a city relies on the automobile, and "sprawls," is one of the clichés of anti-auto agitation. It is also extremely misleading. The notorious smog of Los Angeles is caused by its peculiar climatic characteristics—the inversion layer created by the combination of atmosphere with the mountain ring around the basin. Moreover, Los Angeles may be a "sprawl" city in the sense of not having a clearly defined core like Chicago, but it is *not* a low-density city. In fact, Los Angeles is the third most densely populated urbanized area (after New York and Philadelphia) in the United States. One reason for this is that it is built in a desert, so artificial water supplies must be provided from central locations—this characteristic it shares with many other Southwestern cities. But the main reason for the congestion and pollution of Los Angeles is that, despite these problems, the city is regarded as a desirable place in which to live. Its population and density (and therefore congestion and pollution) have been growing because people want to live there. Patently, if these drawbacks really bothered them, they would move out, or not move in.[3] Los Angelenos are rightly concerned with these annoyances

[3] Recent census estimates indicate that the L.A. basin has not grown in population since 1970. If so (local population estimates are usually shaky), this is because developable land is almost exhausted and new development is taking place immediately outside the basin—in nearby Riverside, San Bernardino, Oxnard, and Ventura.

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and rightly taking steps to correct them—and are rightly resisting some silly non-solutions. Their rejection of a proposed "mass transit" system by referendum was very sensible. A 146-mile system was hardly likely to succeed where the excellent old 1100-mile "red car" network of interurban trolleys had failed. Mayor Bradley's idea of halting further development is probably the way to go—the L.A. basin is one of the few places where limits-to-growth make sense.

A related charge is that the auto has ruined the previous "mass transit" system. The drop in transit ridership to a quarter of its 1946 peak is cited. Examples of the effects of expressways on the parallel transit lines are given; with the two side by side, the ridership on the rail systems dropped precipitously. But what does such criticism mean? Of course the commuters chose the expressway despite the higher costs; they selected the superior system. One wonders why it is not charged that the escalator has ruined the staircase.

Building highways: costs and benefits

Another alleged "crime" of the auto-highway system is that vast areas of our cities have been leveled to build highways and that the urban poor have suffered to the benefit of prosperous suburbanites. There is some truth to this, but it is grossly exaggerated. It is difficult to imagine anything that benefits most of the society without harming part of it, but in the case of highway construction the narrow training of the engineers has minimized the social cost. The engineers seek the cheapest route between point A and point B, and the cheapest route has normally caused the least dislocation. (Destroying built-up areas involves compensation to owners, and often to all residents as well.) Most new highways have been built on vacant and underutilized land, such as decaying and abandoned waterfronts. Residential areas have normally been avoided, and when it was necessary to cut through them the cheapest and worst were selected. In *most* cases, these areas were being abandoned as their residents were moving into better housing, so highway construction was indeed slum removal. Needless to say, in some individual cases, there were serious mistakes and unnecessary hardship.

The engineers were also guilty of other gross errors—and those good people who fought off attempts to build expressways along San Francisco's and New Orleans' waterfronts have done the nation a great service. It is excellent that someone is keeping an eye on the highway builders; but it must not be forgotten that the great bulk of highway mileage in this country did not have dislocating effects.

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In any case, the issue is nearly dead. Almost all of the necessary inner-city expressways are now in place. There are a few more that would be desirable from a regional point of view, though these are unlikely to be built because of local resistance. That is a local problem. The highway "retrofit" period is almost over. Henceforth, almost all new highways will be built on underdeveloped land to open up new areas for urban development.

Often it is said that the highway is "devouring the countryside." Actually, the total highway area of the United States is about 37,000 square miles, or one per cent of the national land area. Another one per cent would be taken up by parking if there were 30 spaces for each of the 100 million cars—probably there are many fewer. This investment in a tiny proportion of the land area permits access to and therefore use of the rest of the land. Throughout most of the country the ratio of roads to land is trivial. However, as densities increase, so does the percentage of land area dedicated to highways; this reaches its largest percentage in high-density cities such as New York, Los Angeles, Washington, and San Francisco, where more than a quarter of the territory has to be devoted to automotive use in order to provide access to the rest. If the citizens of these cities should find this situation unendurable, they can always give up their automobiles and rely on other modes of transportation. In fact, there is little likelihood of their even contemplating such a thing.

Several of America's leading social commentators have said that the public sums expended on the automobile demonstrate the power of the "highway lobby." This is rather like saying that Social Security reflects the power of the "geriatrics lobby." In fact, expenditures on highways reflect the response of the polity to public demand. The nature of the highway system has made it usually impractical to respond to consumer demand in traditional market fashion, so the political market has had to do the job. People want roads, and have elected politicians that have had roads built. The huge government expenditures on highways are a monument to the responsiveness of government to the popular will.

Moreover, until recently public expenditures on highways have been almost entirely matched by direct levies on highway users. License fees, registration fees, special truck taxes, tolls, excise taxes on vehicles and parts, parking fees, and excise taxes on gasoline have been approximately equal to total government outlays on highways. (This does *not* include property, income, and sales taxes on garages, gas stations, private thoroughfares, automobile dealers and parts suppliers, warehouses, and manufacturers, nor taxes on their

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employees.) Highways went substantially into the red only when the excise tax on new cars and light trucks was dropped in 1971. Even so, in 1972, the last year for which data are available, public expenditures on highways and automobiles were about $22 billion while imposts on highway users returned about $18 billion. The loss or "subsidy" was about $35 a car. If anyone really cared to see the highways balance their books, this amount could easily have been made up with, no great complaint—say, by increasing the federal excise tax on gasoline, which has been cut in half by inflation over the past 15 years.

It can be objected that even if the total government revenues from the highway users have been nearly equal to total expenditures, the distribution of both has not been equal for all governments. Most revenues are realized by federal and state governments, and even substantial subventions do not make up entirely for county and local expenditures. Moreover, the pattern of expenditures, particularly for new highways and the paving of dirt and gravel roads, favors rural areas over urban areas whose needs are more likely to be for repaving and ordinary maintenance. Study after study of urban highway costs and expenditures has shown it to be the case that municipal costs of serving the auto are not entirely supported by levies on highway users and that cities must tap other revenue sources to make up the difference.

This can be said to be inequitable. But we forget that until the early 1960's it was considered proper that our prosperous cities should be taxed to support impecunious rural areas. The paving of country roads with city money was seen to be—and was in fact—an income transfer to the poor. While most rural areas remain less prosperous than even the shabbiest cities, today's polity prefers to view "central cities" as more deserving of largess. It is not the first time that the last generation's "social justice" is translated into today's "rip-off." If we cared, this situation could easily be corrected, say, by converting the Highway Trust Fund into a special revenue sharing transportation program making subventions directly to counties and municipalities on a per capita basis. These funds could then be used by the localities for highway maintenance or construction, or for "mass transit," as they saw fit.

"Second-order" costs

Another argument holds that counting merely the direct costs of the automobile is grossly inadequate. There are enormous other

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costs imposed by the automobile on the government and on the public at large—so called "neighborhood" or "spillover" effects or "externalities." Some of these are obvious—noise, pollution, etc. Nevertheless, pursuing "externalities" beyond the most obvious ones rapidly leads to absurdity. It is simply not possible to calculate all the costs of the automobile. Let us take police as an example—if there were no cars there would have to be police in any event. Most police on patrol are attempting to prevent all manner of crime, not just traffic offenses. To try to calculate the policing costs of the automobile is as impossible and unproductive as attempting to estimate how much of police costs are for, say, rape prevention.

One thing suspiciously absent from all too many discussions of the "second-order" costs of the automobile is that the second-order costs are calculated but not the second-order benefits. For example, it has been written that the automobile should be charged for what rights-of-way would be worth if no highways were built on them; if so, we must also calculate what all other land would be worth without highways. Without access or potential access, land is useless and therefore worthless; so it can be argued—if one wishes to play this game—that almost all of the value of land in the United States is derived from highways and therefore almost all of the property taxes earned by municipalities can be attributed to the automobile. Furthermore, the entire economy and *all* taxes depend upon the work done by people who drive to work and on goods moved by truck.

The "subsidy" argument sometimes approaches the rococo. It has been written that off-peak drivers "subsidize" rush-hour drivers because highways must be constructed for peak loads at enormous additional expense. But the off-peak drivers mostly drive at peak hours too, so they are subsidizing themselves. In most cities, almost everybody drives at peak hours or has a member of the family who does or in some way benefits from the goods or services produced by those who drive at peak hours—so everybody is subsidizing everybody else.

If we are to estimate the total costs and benefits of the automobile we must compare the existing system with an automobile-less America; and that would be not analysis but science fiction.

To illustrate some of the difficulties of many anti-auto analyses, let us apply the same reasoning to another form of mass transit—walking. It is probably impossible to determine exactly the total amount of walking in the United States, but it is of the same order of magnitude as automobile driving. If we assume one mile of walk-

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ing per day per person, annual "passenger miles" are about 75 billion miles, compared with 100 billion passenger miles for automobiles. All structures are provided with walking facilities. Some portion of thoroughfares—not more than five per cent—is provided with sidewalks reserved for walking. Streets are also used for walking.

Walking is very wasteful of energy, the mechanism being a very inefficient means of turning solar energy and hydrocarbons into motion. This system produces a particularly noxious and potentially deadly emission that costs the public billions to keep from polluting waterways.[4] Walking is also unsafe. No clear data are available, but several tens of thousands are killed walking every year. Moreover, there is congestion where too many people walk. If we apply to walking a type of economic analysis widely employed lately, we must conclude that since it is not taxed, walking is heavily subsidized! The labor expended in training people to walk is also not taxed and is therefore also "subsidized" (not to mention its representing the "exploitation" of women). Directly taxing walking through compulsory use of pedometers would doubtless cut down on its usage; but there is not yet any interest in this approach.

The "energy crisis"

Recently, it has been held against the auto-highway system that it is energy inefficient, particularly because it requires vast quantities of oil. We should be suspicious of this argument because of its source—the people who have been most vocally arguing that we must give up driving because of gasoline shortages were opposed to the automobile long before the "energy crisis" appeared. Nevertheless, the energy problem caused by automobile usage cannot be dismissed cavalierly. No matter how optimistically we may view future energy supplies, we must expect to pay more for oil and be faced, at least for the next decade, with the problem caused by the wide disparity in the costs of extracting domestic and foreign petroleum. To the extent that international trade is free, it will become more and more economical to purchase oil abroad, thus exacerbating balance-of-payments problems, fattening the coffers of a handful of oil-exporting states, and placing the United States in jeopardy from oil embargoes. These are legitimate fears and the growth of automobile use makes these fears more and more justified.

[4] An anti-auto picket in Los Angeles is reported to have waved a sign: "People don't pollute"—a triumph of ideological sloganeering over the most ordinary experience of mankind.

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However, the problem is less threatening if looked at another way. In the short run, automobile use of energy contributes only partially to our energy problem. Only a sixth of total U.S. energy consumption is by motor vehicles. About 30 per cent of all oil is used by cars and 10 per cent by trucks. Since 40 per cent of our oil is imported and 10 per cent of it is from politically unreliable sources, it would be necessary to reduce auto driving by a third to free us from fear of blackmail or boycott. Under present conditions, these import numbers will steadily increase, so that restricting auto usage becomes less and less practical as a means of preventing foreign pressure and extortion. But in the long run, there is no need to import any oil at all. That the United States has adequate domestic sources of oil and oil substitutes (notably coal) to last centuries is not disputed by any serious person. Moreover, most economists and engineers agree that most of this can be made available at the present price for oil and gasoline, a price which, however grudgingly, we seem to be able to pay. But making this domestic oil available will require enormous capital investment, and will also require operations such as off-shore drilling, extensive coal-mining, and oil shale mining that put at risk some part of the environment. So the "energy problem" is not one of availability or even cost but one of priorities and politics, which rest upon social values. The fashionable conservation option seems plausible, until we note that the "waste" to be discouraged by state action is mass automobile use and home ownership—the central artifacts of mass prosperity.

It is no coincidence that most of the same people who are opposed to the automobile are mobilized to block the domestic provision of petroleum. On the "priorities" issue they have been joined by others who calculate that our economy has much more important things to do with its limited capital than provide for "joyriding." If the vast majority of Americans regarded the automobile as a frivolous luxury, there would be no conflict. But clearly they do not feel this way. So either basic American attitudes will change or the anti-automobile vision of American society will be frustrated. It is not hard to predict that the most likely outcome will be a little bit of basic change in American values and a large measure of frustration for the anti-automobile vision.

II. Minority transportation systems

Now let us turn to the minority transit systems—"minority" because only tiny percentages of Americans use them regularly, com-

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pared with the dominant highway-auto-driver system which moves the masses. These minority intracity transit systems have this much in common: They are contemporaries of the automobile, having been invented at approximately the same time, and have been defeated by the auto in direct competition.

The bicycle was invented at about the same time as the auto, flourished briefly as a popular mode of urban transportation, then went into irreparable decline and came to be regarded as suitable only for children too young to drive. (In Europe, where the auto was then too expensive for the masses, the bicycle continued to be widely used until after World War II.) The bicycle has many advantages—it is cheap (an adequate machine can be bought for $50), requires practically no maintenance, can last a generation, is easy to operate (most Americans learn between age five and 10), is small and therefore easy to park, and, being very light, can be manhandled. Its operating mechanism is among the most efficient energy transfer systems known—the effort a person expends in walking can move him at 30 miles per hour on a bike. But only on the level—a primary drawback of the bicycle is its difficulty of operation on hills. A second drawback is that its operator is exposed to the elements, thus making it uncomfortable in Northern and inclement climes.

Compared with walking and the auto or even the motorcycle, the bicycle is unsafe. This has become a source of consumer regulation concern. The bicycle has been identified as just about the most dangerous consumer product on the market. Moreover, it is inherently unsafe and no redesign can change the fact that the bicyclist who loses control will fall, and in any case will lose out in any encounter with a heavier powered vehicle. Had bicycling continued to be primarily a children's activity, we might anticipate its eventual prohibition as has been the case with BB guns and fireworks. But in recent years it has become fashionable among progressive upper-middle-class circles, where it is even felt that a bicycle confers virtue on its owner. Since the adult bicyclists are members of the same group which is the passionate advocate of consumerism, positive action against the bicycle is now impossible; but when and if the present fad fades, bicycles may be banned from the public roads.

The motorcycle lies part way between the bicycle and the automobile—it is basically a bicycle with a motor, but because of its light weight it can have the performance characteristics of the automobile together with better mileage. Like the bicyclist, the motorcyclist is exposed to the elements. Furthermore, the motorcycle is

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relatively unsafe. Fatalities per mile are about four times that for automobiles. It is difficult to evaluate how fundamentally unsafe motorcycling is because the sensation of speed and freedom (far greater than that of riding on a horse or in an open car), along with the fact that a motorcycle with the performance of a Maserati up to 120 mph can be bought for under $2,000, has led the most aggressive young men to ride motorcycles. The trade-offs here are difficult to calculate—while the young man is taking more personal risk on a motorcycle than in a car, the rest of society risks less. When a car is out of control it usually remains on its wheels—several tons of projectile with enough momentum to carry it hundreds of yards. A motorcycle out of control falls and grinds rapidly to a stop.

For 50 years the motorcycle industry was fragmented, tiny, undercapitalized, and technologically antedeluvian. Progress was slow. "Bikes" were killers. However, after the Second World War, the industrialization of first Italy and then Japan past the bicycle stage but not yet to the automobile stage of prosperity created huge motorcycle industries. Economies of scale and rapid technological improvements advanced the motorcycle several generations in a decade. The youth boom and the Sun Belt shift created a major North American market, particularly in Southern California and Florida, but it is primarily a recreational market. Most people ride for fun, not utility. Few households that do not also have cars have motorcycles, and only a tiny portion of commuting is by motorcycle.

Still, a good machine can be purchased for a thousand dollars. Because of the highly stressed character of the components, longevity is not as good as for a bicycle or a car, but maintenance is easier than for a car, most owners doing it themselves. And compared with the car, the motorcycle uses far less road space, parking space, fuel, and materials. The advantages of the motorcycle would suggest that public policy should at least tolerate it. But the opposite is the case. There are various reasons why public policy is almost uniformly hostile to the motorcycle. After losing out to the automobile, the motorcycle became a favored mount of hard-bitten tough young proletarians. This is not a sector of the population whose tastes middle-class consumerists find it easy to respect. Also, the motorcycle is annoying to the auto driver, who finds its presence unnerving. The ability of the motorcyclist to weave through a traffic jam is infuriating to the motorist. This last factor is probably decisive.

Usually disregarded in discussions of transit is the taxicab. Taxi

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service offers many of the advantages and disadvantages of automobile ownership, but it has its own drawbacks. The door-to-door speed is lowered by the search or wait for the taxi. If, as in most suburban communities, the cab has several passengers with different destinations, the individual passenger trip is delayed. The cost per single trip is necessarily much higher than with one's own car because the driver must be paid and because municipal regulations almost everywhere limit price competition among taxis. Though there is no parking problem, it is possible, as in New York, that excessive numbers of cruising taxis can pollute and congest.

"Jitneys" are intermediate between taxis and buses. Normally private automobiles, they cruise on fixed routes and pick up "flags" to drop off further on. Several passengers share the vehicle at the same time. Jitneys were popular in the United States in the early part of the century until they were crushed by municipal regulation prompted by the trolley and taxi interests. They survive in many Third World cities today and their revival here has been advocated by several thoughtful transportation experts. However, this mode is really suitable for a partially automobilized society, one in which a few have cars, most do not, and there is an intermediate group that can afford a car only if they earn some additional income from it. This intermediate group provides the jitney drivers. (A good analogy is the marginal homeowner who takes in roomers to help pay the mortgage.) In an automobilized society, the jitney is both economically and technically obsolete. Few Americans look for additional income from their automobiles, and even if they did, they could not compete with the radio-dispatched taxicab, which in most smaller cities and suburbs performs all of the functions of the jitney and has the jitney characteristic of the passengers sharing the car and the cost.

Mini-buses, vehicles smaller than a bus (10-20 passengers) answering demand calls through "dial-a-ride," are another widely advocated mode. Heavily subsidized experimental systems do not seem to have shown significant advantages over the taxicabs they have replaced. The mini-buses are too big and expensive for their normal passenger load. A taxi can carry five to seven passengers, which is sufficient.

Collective transit systems

If the reader's patience has not been exhausted, at last we reach the forms of minority transit that are erroneously called "mass tran-

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sit" in most discussions. "Public transit" is also a common term, but many of them are privately owned and access is not public at all, but only by payment. Let us call these forms "collective transit" systems.

The trolley car is another defeated competitor of the auto. Born as the horse car in days when rails were cheaper and smoother than street paving, the trolley was electrified in the late 19th century, and remained a dominant mode of transportation for 50 years. Today it is nearly dead. The auto was faster. The increased auto traffic made it more difficult to negotiate the distance from trolley to curb. Higher aesthetic standards made the overhead wires obnoxious. Because lines were fixed, the trolley lost customers as residential patterns changed. Worst of all for the trolley, the bus was cheaper to operate—it required no maintenance of overhead lines or third rail. Buses have replaced trolleys nearly universally, except where some part of the lines were underground, as in Boston, Philadelphia, and San Francisco, making substitution impossible.

Buses today are the dominant form of collective transport, carrying three per cent of urban travel. The direct descendants of the horse-drawn omnibus of the 19th century, they long lay in the shadow of the trolley until the increases in reliability and decreases in cost of the post-World War II era made them supreme. A contemporary urban bus duplicates trolley procedure: a fixed route with regular unpublished scheduling, and a fixed fare collected by the driver. The bus carries 34-50 passengers seated and up to two dozen standing. It can go almost anywhere an automobile can go, but most move slowly because of its bulk, low power-to-weight ratio, and need to stop regularly. Most important, like all "public transport" it does not necessarily go where each individual member of the public wants to go.

Suburban buses are more like railroads. They operate on radial lines (but with some circumferential routes) with variable fares. A recent innovation is the express bus operating on expressways, more and more often on reserved lanes during rush hours.

Rail or "fixed-guideway" collective transit carries slightly less than three per cent of urban travel. The two types are difficult to demarcate clearly, because their differences are based on their history, rather than their design characteristics.

The commuter railroad grew out of ordinary intercity rail service. As suburbanization spread along the rail lines, more and more people began taking the trains to work every day and the lines became intracity facilities with scheduling for that purpose. But they

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retained their railroad heritage—lines radiating from the central railroad station, few if any stops in the highly concentrated centers, fares based on distance (but "commuted" for bulk purchasers) collected on the train by conductors, single-facing cars with doors at either end and station platforms at grade, pulled by locomotives on published schedules.

A very tiny number of Americans use this mode regularly; for all practical purposes commuter railroads are limited to Boston, Philadelphia, Chicago, and New York. Only because the last is the U.S. media center has the image of the railroad commuter registered on our national consciousness. And because the commuters are among the most prosperous metropolitan residents, they have been able to muscle local and state governments into directly subsidizing and "nationalizing" their service as the railroad companies degenerated. These subsidies are justified on the grounds of being cheaper than building new highways; nevertheless, no one denies that they constitute an income transfer from the average taxpayer to the more prosperous.

"Rapid transit"

The other type of rail transit, sometimes called "rapid transit," [5] grew up quite separately. Intended from the first for high-density urban use, it had these characteristics: elevated or subterranean lines ("subways"), fixed fares collected upon entry to the station, double-facing cars with three or four doors opening onto platforms, each car with individual traction power, operating at regular but unpublished intervals.

These systems came in around the turn of the century and were as revolutionary in their effects on urban shape as the auto was to be later. However, as they expanded they ran directly against automobile competition. The problem was obvious. To be economical, very high densities—20,000 people per square mile—were necessary; but the basic trend in all modern affluent societies is toward much lower population densities. Moreover, a system could not be built incrementally—huge capital investments were necessary—and all rapid transit systems are committed to risky demographic assumptions. Only five such systems were built in the United States (New York, Newark, Philadelphia, Boston, and Chicago) and in no case was

[5] The term "rapid transit" apparently derives from Commodore Vanderbilt's abortive Rapid Transit Company of 1872—it was intended to be "rapid," compared to the horsecar.

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more than a fraction of the metropolitan area covered. For all practical purposes, new construction stopped for the Great Depression; modest additions have been made to existing systems and a line was built in Cleveland in the 1950's, but that was about all. In 1960 it would have been safe to say that rapid transit would go the way of the trolley car. Compared with the automobile, rapid transit had disadvantages that were seemingly insurmountable.

One such disadvantage is relative speed. Theoretically a reserved-guideway collective transit vehicle can achieve speeds of over 100 miles an hour. But there are severe practical limitations. With faster speeds, energy requirements go up exponentially—the aerodynamic drag is compounded by the large frontal area of the vehicles. Moreover, the speed of a rapid transit vehicle is only partially dependent on its top speed; as with an automobile, the average speed is what matters and the average speed depends on the number of stops—not just the stopping time but the loss of speed in accelerating and decelerating between stops. Since the individual rider needs only two stops, he must spend his time waiting for other people. New York's subways average 20 miles an hour. Furthermore, such calculations of average speed rarely include waiting time, transfer time making connections, or access time in getting to and from the transit stop. Unless automobile congestion is really frightful, the automobile's point-to-point time (which is the time that counts to the traveler) must be less.

This assumes, of course, that the collective transit system is going where the traveler wants to go, which is rarely the case. Not only is the traveler obliged to adjust his time of leaving, time of arriving, and speed to the needs of others, he must also adjust his route. He can go only where the designers of the system permit him to go. Either he adjusts his plans to their design (in the case of railroads made 100 years ago) or he must find other means. To be sure, the driver must do the same, but except where bridges and tunnels determine the route, the ubiquity of highways permits an effectively infinite choice of travel paths and destinations. No matter how well designed and competently operated, a collective transportation system must aggregate and average its riders. To the individual, aggregation is aggravation.

Also, the rider of collective transit must share it with dozens of strangers, some of whom are obnoxious enough to make the experience unpleasant. There is just enough crime to make fear real, and to require the hiring (and cost to someone) of police. The collective transit system also increases crime outside the system by

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giving mobility to delinquents and criminals. When Co-op City was begun in the northern Bronx, its prospective residents were promised a subway extension; now that the complex is complete they no longer want one—with no subway, the goons can't get at them.

Fixed-guideway systems are complex and centralized. A single vehicle failure or a power shortage cripples an entire line. Another drawback of collective systems is that they require professional crews which must be paid. This is a cost the driver of a car does not charge himself. Worse, these drivers are organized into unions that behave as if they have a monopoly position. Their wages are much higher than their skills would indicate. Certainly, the responsibilities of controlling a vehicle with dozens or hundreds of passengers deserve a premium, but operating a rail vehicle is easy—all that is required is to operate one stop-start-speed control and to watch signals. It is simpler than driving a car and much simpler than driving a truck. Nevertheless, a New York subway motorman is paid $300 a week, plus fringe benefits far in excess of those provided by most private industries. Even so, collective transit systems are regularly struck. When such strikes occur, most people manage to get where they are going, casting into doubt the need for the system, and when the strike is over, the ridership drops. Why should people subject themselves to the mercy of an unreliable system?

The economic costs of the interplay of transit unions with vacilating political leadership, growing subventions, and a resigned public are appalling. By 1975, the cost of wages alone are probably more than revenues from fares. The table below tells the story:

Transit Trends[1]

	1950	1960	1970	1973
Revenue passengers (million)	13,845	7,521	5,932	5,345
Employees (thousands)	240	156	139	140
Passengers per employee	58,000	48,000	43,000	38,000
Average annual employee pay (1967 dollars)	$ 4,820	$ 6,110	$ 7,610	$ 8,690
Average pay per passenger (1967 dollars)	8¢	13¢	18¢	23¢
Average fare (1967 dollars)	14¢	21¢	23¢	24¢
Operating expenses as percentage of operating revenue	89%	92%	111%	131%

[1] Source: Calculations from American Transit Association data.

No one has a coherent idea of what to do about this, save to pour in more money.

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The advantages of collective transportation

It is nevertheless the case that, under very limited conditions, collective transit systems are superior for a fraction of the population. A few people cannot drive and a few more do prefer to read on the train rather than listen to the radio in the car. More important, in a few very high-density places (i.e., Manhattan and parts of San Francisco, New Orleans, Chicago, and, perhaps, Boston and Philadelphia) built around collective transit, it would be incredibly expensive to provide efficient auto circulation, and there is a clear need for strong governmental support for collective transit. In these areas there are also strong disincentives to using the car: Congestion is one; tolls are another; but most of all there is the cost of parking and the hike from the parking garage to the ultimate destination.

Collective transportation systems have a few advantages over the automobile that should be noted. Transit systems can move more people over less land area than can automobiles. This is very important in those few tiny areas of the nation where land is at a great premium. Collective transit systems are also more energy efficient than cars: In terms of BTU's per mile, a bus passenger consumes a thousand, a rail passenger two thousand, and an automobile rider four thousand. But energy efficiency was not something to worry about until price controls and the international political situation distorted the market during the past few years. If energy were perpetually in short supply, the ability of collective transit to move more passenger miles per BTU would be a great advantage which could shift the balance in its favor; but even if that happens it will take a long time to have any effect. We may assume that such an energy scarcity will be reflected in higher prices or some other means of curtailing demand. If rationing by price is the method, astronomical increases must be expected before there is a significant shift. In 1974, the energy component of the cost of operating an automobile or a mass transit vehicle was about 20 per cent of total costs. Doubling the cost of energy increases total costs of both by 13 per cent. Higher energy prices would have effects on other uses, particularly trucking, but hardly any on intracity personal transportation.

Because it burns less energy and, in the case of electric systems, the energy source is centralized and can be monitored more carefully, collective transit pollutes considerably less per passenger mile. But this factor is at least partially balanced—and may even be more than balanced—by the increased total pollution caused by

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the concentration of housing, stores, offices, factories, and traffic that such a collective transportation system would both require and generate.

Collective transportation is safer—unquestionably so. But from the point of view of any single individual, this increase in safety over his automobile is statistically not very impressive. And it is certainly true that even without subsidies, collective transit is cheaper to the passenger than the automobile—about one third the cost per mile. And hamburger is cheaper than steak. There are some cheaper commodities that are better than more expensive substitutes; but not many.

BART and PATCO

The basic weaknesses of collective transit systems are illustrated by the performance of the two recently constructed and widely heralded "rapid transit" systems built in the United States—Philadelphia's PATCO and San Francisco's BART lines. These have been major attempts to build new, advanced, high-technology systems so attractive to the travellers that they would be lured away from their automobiles, thus decreasing congestion and pollution. They have not been a success. With all the talk of new technology, both systems are familiar to any one who has ridden a 50-year-old rail system. The most interesting aspect of BART and PATCO is that they have combined and compromised the attributes of commuter railroads and the urban rapid transit systems. Both have underground subway portions serving high-density areas along with peripheral commuter lines intended for park-and-ride service. (In both cases, the commuter aspect is predominant, so these systems are principally intended for the convenience of suburbanites.)

The equipment of the two systems is similar. Both have double-ended cars, bright new stations, single-man train crews, an internal layout intended mostly for seated passengers, automatic variable fare collection systems by which the commuter is obliged to pay money to get a ticket which he must use on entry and exit from the system, and automatic train control. Most of these devices are intended to decrease costs and increase efficiency. But the automatic train on the PATCO system works intermittently, so it must be regularly over-ridden by the motorman. The BART system is now working adequately, but has not been long in service, and it took years to get it functioning at a level considered suitable for passenger service.

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The PATCO system had the great financial advantage of being an extension of an existing subway system. The Delaware River Port Authority, Philadelphia's equivalent of New York's Port Authority, had long been operating a subway train between downtown Philadelphia and downtown Camden that was hung on the Authority's Benjamin Franklin Bridge—the equivalent of New York's Hudson Tubes. To extend the line to suburban Lindenwald, PATCO took over a nearly abandoned Pennsylvania Railroad commuter line. All PATCO had to do was construct stations, lay welded rail line, and install new equipment. It could draw upon the experience of operating the previous system, not to mention a long history of the operation of collective transit facilities in Philadelphia.

Conversely, San Francisco's BART, although in one of the most well-established transit cities in the country—the place is a veritable museum of transport, with cable-cars, trolleys, electric buses, ferryboats—was built from scratch. Its history is a fiscal and technical nightmare. Originally budgeted for $800 million, the latest bill has come in at double that price. Political and technical problems have caused endless delays. With the opening of the trans-bay tunnel in September 1974, it was anticipated that the ridership would double. Instead, it increased by only 40 per cent and it does not look like the system will ever achieve its design capability. BART's operating revenues are presently budgeted for 40 per cent of its operating costs. These operating revenues do not even cover wages. And this estimated loss does not include the original capital costs.[6]

On the other hand, PATCO is achieving its goal of breaking even on its operating service as it was intended to do—indeed, it makes a small profit. It would seem to the outside observer that BART is a terrible failure while PATCO is a modest success. Nevertheless, the head of the federal Urban Mass Transit Assistance Administration has brushed off PATCO as a minor operation and said that his agency sees BART as the wave of the future. Presumably this attitude has something to do with the intrinsic delights of high technology. To an accomplished engineer, high technology is an end in itself; the more highly skilled he is, the more likely he is to wish to "advance the state of the art" by seeking elegant and complex solutions. Simple solutions are unattractive; adaptations of existing sys-

[6] Indeed, the treating of capital costs separately impedes the extension of BART's present weekday-only service to weekends. If the system was financed as a whole, the enormous capital costs would oblige maximum usage of the system. But because BART is losing money on its weekday operations, expanding service to weekends would make it lose even more money.

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tems are dull. This tendency has long been the bane of Pentagon program officers, and with the conversion of part of the aerospace industry to land transportation, we see it brought to earth. The BART system offers some superb examples of high technology for its own sake: Instead of an ordinary speedometer with a needle (as in a car), the BART motorman has before him a direct digit reading display—more expensive, more complicated, more prone to failure, quite unnecessary, but more "advanced." The BART computer system was programmed to open and close the car doors for a predetermined period. A glance at operations of the New York City subway system would indicate that such an estimate of approximate time was quite impossible because of the great variation in passenger loads, even for the same train at the same stop on the same day of the week. But BART attempted it and, it is reported, service in the trans-bay tunnel was delayed because the car doors had a disconcerting habit of popping open in the middle of the tube. During rush hours the BART doors are operated by a manual override.

The most bizarre aspect of BART is its roadbed. Instead of using the tested standard gauge, BART set its tracks 9½″ wider apart, thus throwing away the experience of a hundred years. This revision was claimed to provide better high-speed stability in cross winds. BART's top speed is 80 mph; trains throughout the world running under all weather conditions top 100 mph with no problems. BART was designed at the time of Pontiac's "wide track" advertising campaign of the early 1960's. (By the way, a Pontiac had the same track as a Chevrolet—that was also all ballyhoo.)

The immediate goals of BART and PATCO were to reduce congestion on highway water-crossings. At most, they have succeeded in diverting a few months growth of traffic. Despite the rapid transit systems' massive subsidies, along with higher tolls on the bridges, the great majority of people still cross the waterways by automobile. But where then did the new ridership come from? *Every study of new rapid transit systems has shown that the bulk of their riders come not from autos, but from other collective transit systems—mostly buses.* For all practical purposes, the taxpayers of the three BART counties, the State of California, and the United States of America have already sunk $1.6 billion and are currently sinking $30 million annually in order to switch 100,000 commuters from buses to railcars.

BART and PATCO demonstrate what was known before they were built—they are expensive and cannot pay their way, they are inferior to the highway system in performance, and they can effect

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only marginal improvements in congestion and pollution. Why then is there such interest in collective transit systems? Several factors are clearly present.

Anti-auto bias

One obvious factor is intellectual fashion. In certain circles today, being in favor of "mass transit" is a sign of enlightenment, public spirit, and rectitude, even on the part of people who regularly drive and would never dream of using a public system. These people, whose view of the world is heavily influenced by the media, can hardly be blamed, since almost all journalism today is anti-automobile and pro-"mass transit." The background of this bias is worth examining.

The automobile has been one of the great blessings of mankind, fulfilling the ancient dream of individual mobility—a dream whose fulfillment had previously been experienced only by the very rich. Yet Western society has always been dubious about the automobile. We forget that it originally appeared as a toy for the privileged. Its initial image was "racy"—of irresponsible playboys tearing up roads, raising dirt, creating a racket, scaring horses, killing chickens and people. The initial reaction of the masses to the auto was hostile and, of course, tinged with envy. The traffic cop was rural populism's response to aggression by urban cosmopolitans. Respectable people, too, had their doubts about the automobile. It seemed frivolous. The first decade of this century saw an orgy of speculation in automobile ventures. The thousands of automobile companies were the uranium stocks of the day. Bankers wrung their hands watching their best depositors throwing valuable capital into promotions of expensive toys.

The intellectuals also opposed the auto. For the most part their sedentary outlook rarely enabled them to appreciate the delights of mobility and speed. To this day, most of them take hardly more than a strictly utilitarian view of the automobile—seeing it as an appliance, rather like a refrigerator. In the 1920's, the automobile became in their eyes a symbol of vulgar American materialism and status-seeking. Babbitt and his Buick exemplified the debased non-culture of the Americans. (Today, it would take a great deal of moral courage for an academic at an Ivy League college to own a Buick.)

During the Depression and World War II, the nation had more pressing problems than the symbolic significance of the automobile,

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but as soon as the industry caught up with demand, the anti-auto murmurs came again. The particular villain was Detroit, which our new transcendentalists saw as the high place of Mammon. Significant elements of the cosmopolitan elites turned to sporty British and Italian cars, exotic French cars, and "sensible" Swedish and German cars. The great bulk of mid-America and Middle America, of course, held firm to their "dinosaurs."

In the mid-1960's the war on the automobile began in earnest. With very little public support, and less discussion, Congress granted sweeping arbitrary powers over automobile design to federal agencies. This was accompanied by a media blitz emphasizing the adverse effects of the automobile detailed above. The horrendous aspects of the automobile have become the "conventional wisdom," and vocal support for collective transit has become a mark of social virtue.

But why? Blaming the "intellectuals" is fruitless; their complaints go unheard unless they coincide with the interests of a broader constituency. And there are many such interests behind the growth of support for "mass transit." The most important, by far, is the big-city complex—the commercial, political, and social leaders of many of the large cities—who believe (against all the evidence) that an expansion of "mass transit" will halt or even reverse the suburban drift. There are also, of course, influential people who have a very material stake in the survival and prosperity of the Central Business Districts: real estate owners and developers, shopowners, banks with outstanding mortgages, federal agencies with huge investments in inner-city programs, etc. Since the three television networks each own stations in five major cities, and since the most influential newspapers and magazines are published in such cities, this big-city lobby is far more influential than mere numbers would suggest.

One may also speculate that since "intellectuals" are middle to upper-middle-class people, a significant impetus behind efforts to make automobiles more expensive is the desire to get-the-other-guy-off-the-road. Once highways are built, the ideal situation is one in which they are occupied by one car—mine. On most roads we can all remember when there was less traffic, when parking was easier. I have heard high auto company executives bitch about the traffic in Detroit—their individual interest clearly conflicting with their corporate interest. So, in a sense, the real constituency for the anti-auto crusade is the more affluent drivers, who are willing to pay to get the other guy off the road—and are even more willing to make *him* pay.

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III. Present federal policy

For the past decade and a half, the mass transportation policy of the federal government has been proceeding along the lines advocated by the mass media—anti-automobile and pro-collective transport.

Beginning in 1965, the federal government sought to improve safety through mandated improvements of highways and vehicle design. Most of the concentration has been on requiring safety devices and vehicle redesign to make the vehicle better able to crash without killing or injuring its inhabitants. The necessary redesign of vehicles has been enormously expensive, especially in initial cost. Estimates of over $500 per car have been heard. Since these figures are from the auto industry, and because mandated safety standards are now taken for granted in auto design, it is impossible to estimate the actual cost; but $5 billion per annum is a reasonable minimum. The initial costs do not include continuing costs—the safety "improvements" add weight which cuts performance, increases gasoline consumption, and makes power steering more necessary. They also add complexity (and therefore higher maintenance costs), and put millions of owners to the time, trouble, and expense of disconnecting ("de-Naderizing") the apparatus. Together with emission controls, the safety regulations have reduced consumer choice—the variety of autos available to Americans is less than half what it was before federal government controls.

For all this enormous cost, it is by no means clear that any benefit whatsoever has been gained. It is true that estimated fatalities per vehicle mile had been slowly climbing before the federal standards went into effect and began slowly to drop thereafter, so the superficial evidence is on the side of the regulators. But it is not that simple—many other factors are involved. Highways have been improved, particularly by Interstate expressway construction. The reduction in rail service and the elimination of 10,000 railroad grade crossing—places very productive of automobile accidents—have saved a few hundred lives per years. But the most obvious change has been in the number of young male drivers, who are notoriously the most accident-prone group. Whereas between 1960 and 1965 the percentage of male drivers under 25 was increasing, after 1965 it began to top out and decline. Just how much these factors contributed to the decline in auto fatalities, it is hard to say. They certainly contributed something and may even have contributed more than government regulations.

But the most difficult problem in auto safety, from the point of

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view of those who are trying to enforce it, is that the automobile is already almost perfectly safe, and the best safety program can only make it imperceptibly more perfectly safe. It was pointed out above that a driver's probability of being killed in a five-mile trip is .0000002. Let us imagine a safety device or procedure that could cut fatalities in half; then the probability of being killed in such a typical trip would be .0000001. The one figure is half the other but there is no real difference between the two—both are effectively varieties of zero. Small wonder that so many people do not fasten their seat belts; it does not seem worth their trouble to do so. And seat belts are the most proven safety device; all others have far less effect.

But the bureaucrat and the politician look at the aggregate—they see those 50,000 deaths and can roughly calculate that by such-and-such regulation they can "save" X number of lives. To the 125 million individuals who drive automobiles, the regulation is merely a cost and a nuisance. This difference of viewpoint cannot be resolved in the abstract. Cost-benefit analysis is of very limited value here—a human life is not a commodity; its value cannot be calculated in comparison to other things. But neither can it be said that a life is priceless, and that *any* cost justifies saving it. We may say that, but no one really believes it. For example, many states are now banning studded tires, which greatly improve traction but increase highway maintenance costs. Just how much we are willing to pay for transport safety is in the end a question of values—i.e., a political question.

Combating pollution

As concerns emissions, federal policy has been almost identical to that concerning safety—to reduce emissions by establishing standards that require redesign. Here the effects have been much more positive. The initial standards had enormous effects on emissions from vehicles, and lowered them by as much as 75 per cent. But further attempts to squeeze that last bit of emission out of the atmosphere have cost plenty—more complexity and therefore maintenance difficulty, worsened gas mileage, and decreased performance. Usually ignored by middle-class commentators is that the new emissions-control technology has made a good part of America's automotive folk wisdom obsolete. The tens of millions of Americans who tune and fix their own cars have increasing difficulty and incur a new expense which does not show up in ordinary cost-benefit

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analysis. Another hidden expense is the continual annoyance to operators in low-density areas who are forced by federal standards to put up with emission controls intended to alleviate pollution in a few large cities.

Emissions control is a decade old, scarcely in its infancy. What improvements are possible it is hard to project, but we may doubt they will come from Detroit. The engineers of the major companies apparently suffer from Veblen's "trained incapacity." None are better at designing mass-produced overhead-valve V-8 engines, and none may be worse at designing alternative power systems. General Motors recognized this when they put their automatic transmission engineers, not their engine engineers, to work on the Wankel rotary engine. The intellectual commitment to existing engine configurations has led Detroit to adopt an incremental approach to meeting emission standards by year-to-year modifications and add-ons. The 1975 standards required the addition of the catalytic converter. This mechanism is expensive, heavy, unreliable, and potentially dangerous as it begins to deteriorate. Because leads ruin it, the re-equipment of the entire gasoline and refining and merchandising system with unleaded gas[7] and special pump nozzles became necessary. Meanwhile, Japan's Honda cheerfully went ahead with its stratified-charge "CVCC" engine head, which met the original 1975 standards without modifications—on leaded gas. When Honda displayed its engine, Detroit spokesmen claimed it could not work on a large car (a peculiar assertion because the technology is not sensitive to scale), to which Honda replied by shipping CVCC heads for a big Chevrolet V-8. Now American companies are leasing rights to Honda's system.

Blaming "the automobile" for pollution is misleading. It is not the automobile that pollutes, but the existing type of internal-combustion engine—a type which competed with other propulsion devices when pollution was not considered a problem. Since it is evident that whoever comes up with a trivial-emisison engine that duplicates the performance of the gasoline engine will become a very rich man, inventors throughout the world are working on all manner of ingenious solutions. One or more of them will surely work. A technical solution to auto emissions requires a little faith, but not much. In any event, physical engineering is always easier than social engineering, and in a free society physical engineering is supposed to be more palatable than social engineering.

[7] President Ford's energy plan seeks to conserve a million barrels of oil a day; according to an oil company source, the switch to unleaded gas costs refiners at least that much.

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UMTA

The most widely publicized federal activity during the last decade has been to promote urban mass transit (i.e., collective transit) through the familiar progression of government programs from "demonstration grants," through capital investments, and finally operating subsidies. Established in 1961, the Urban Mass Transit Assistance Administration (UMTA) has now achieved a budget of over a billion dollars. It is not necessary to detail UMTA's operations to date because they have recently been relentlessly dissected by the distinguished transit economist and historian, George W. Hilton.[8] Almost all UMTA experimental programs were mere failures, and quite predictably so; some, however, were incredibly bizarre flops.

Hilton lists dozens of unsuccessful efforts. To my mind, the most glaring example was the West Virginia PRT (Personal Rapid Transit) system intended to connect downtown Morgantown to two university campuses—a little over two miles to replace buses and cars—at a cost of over $50 million. All it amounted to was a fancy bus. It never ran right and at last report the good people of Morgantown are trying to ged rid of it. They will probably have to pay to tear it down—unless they get a demolition grant from the Feds.

A lesser but even more revealing failure was in West Hempstead, Long Island. The idea was to provide bus service from homes to the Long Island Rail Road station so that the station would not have to provide parking and the commuter would not need a second car. But as any commuter could have told the experts, the second car is not just a "station car" but also a weekend car, a kid's car, and a back-up car in the event that the primary car is in the shop or otherwise out of service. Many collective transit advocates forget that the commuter is not just a commuter. For these other functions he is quite willing to bear the fixed costs of the second car, which in any event are not severe because it is usually an older used car depreciated to a very low price. Furthermore, the "problem" that the West Hempstead experiment was meant to solve was in itself an advance. As late as the 1950's, the typical West Hempstead housewife had to drag herself out of bed and maybe pack the kids into the car to chauffeur her husband to the train. The second car liberated her from that, and in some cases liberated her so much that she got a job which required that she have a car and provided

[8] George W. Hilton, *Federal Mass Transit Subsides: The Urban Mass Transit Assistance Program.* American Enterprise Institute Evaluative Studies 17, (Washington, 1974).

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more than enough money to pay for it. And, lastly, for anybody who did not want to drive to the train, taxi service was available—it could deliver the commuter to the train station and back for less than $500 a year.

UMTA was also supposed to "promote" new technology. While it is always dangerous to make such predictions, experience here and abroad suggests that it is unlikely that any radically new transit systems are in the offing. There is nothing wrong, of course, with encouraging research into new technologies. But "promoting" such research too often takes the form of premature and fanciful press releases, instead of the tedious business of incremental improvements.

The war against the auto

At last having come to realize that automobile riders cannot be lured onto collective transit, however improved, the anti-auto forces are moving to a more rational policy. This is to make automobile ownership and driving much more expensive.

The two methods of driving people off the road roughly correlate to the conventional alignment of "liberal" and "conservative." This is a very crude characterization, but not without validity. The liberals tend to dislike the private automobile, except perhaps as a purely utilitarian device. They would bar it entirely from some areas, especially in the inner city. (These areas, of course, would still be open to taxis.) Their policy is to make cars less romantic and more expensive by increasing the fixed cost. On the whole, the liberal policy has been followed over the past generation through safety inspections, compulsory insurance, and safety and emission standards.

Conservatives do not object to people owning automobiles, but only wish to have them used less. Since they have a strong bent toward markets (or price rationing) and there is no market in highway use—indeed, it is almost a communist system—they would deal with "excessive" automobile usage by driving the poorer drivers off the road by increasing operating costs through tolls, higher gasoline prices, or even ingenious (and easily sabotaged) devices to monitor, record, and bill drivers for miles covered. The conservatives, thus, would permit the workingman to own a flashy car and drive it a few miles a week if he can scrape the money together; the liberals would drive him off the road altogether. Together they represent a middle-class war against mass ownership and use of the automobile.

But it is a fact that the least prosperous Americans need the auto the most. Rural people would find life impossible without the car.

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Factories are scattered throughout metropolitan areas, and even the most enthusiastic fans of collective transport are hard pressed to think of any other means of getting their employees to work than the automobile. Service workers are even more dispersed. These people typically work to time clocks or have bosses who look at wrist watches, so they must be at work on time; they must travel during rush hour. As a result, the automobile is so desirable and necessary that demand for it is highly inelastic. The principal effect of pushing up the cost of a new car is that more people drive used cars. (Over the past several years the age of the average car on the road has crept upward.) Although the demand for gasoline is not entirely inelastic, much higher gasoline prices can be paid without even returning to the relative prices (i.e., prices relative to income) of the 1950's. For the average driver, higher fixed or operating automobile costs will simply represent a cut in his standard of living.

The outcry at such an eventuality will be enormous, and the American working man has a powerful political voice—organized labor. The trade unions are not about to let their people be driven off the roads. So any restrictions on gasoline supply will almost certainly have a "two-tier" feature, whereby an "adequate" amount of gasoline is reserved at a lower price. Any such system is difficult to administer and at best inefficient. But it will be a way of giving the middle classes a symbolic victory while permitting people to use their automobiles in a more or less accustomed way, with only a small cut in their standards of living. The rate of growth of automobile use may slow—but so slightly as to make no significant difference.

The war against the automobile will not end in unconditional victory for anyone or unconditional surrender by anyone. Though dislike of the kind of civilization that grows up around the automobile seems endemic among the middle classes, all Americans have by now implicated themselves in this civilization so profoundly and to their satisfaction, that it will adapt itself slowly, if at all, to new societal visions. If one can bring oneself to accept this basic fact, much of the fatuous rhetoric and utopian expectations about "mass transit" will fade away. Then perhaps we can get on with serious programs desirable to maximize auto ownership, reduce financial cost, improve safety, abate congestion, alleviate pollution, and upgrade collective transit.

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Toward a reform of social security

MARTIN FELDSTEIN

SOCIAL security was the most important government innovation of the Great Depression. Forty years later, nearly every aspect of our economic life has changed dramatically. Yet the basic structure of our social security program has not been reexamined and reshaped to fit the economic conditions of today. Instead, the original program has simply continued to expand at an ever increasing rate.

There are many who think of social security as a quite passive program that provides income to older Americans who would otherwise live in poverty on inadequate savings or be dependent on welfare or their children for support. In this view, social security is simply a transfer program with little or no real effect on anything but the distribution of income between young workers and older retirees. This common belief is simply not true.

Because of the vast size of the social security program and its central role in the American system of financing retirement, it has major effects on all the significant dimensions of our economy. These effects are currently unintended, generally unperceived, and frequently undesirable. The most important impact is a substantial reduction in the nation's rate of savings. This reduction in savings makes our capital stock much lower than it otherwise would be.

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With less capital, our national income is reduced and wage rates are lower. Moreover, the specific form of the reduction in saving greatly increases the unequal concentration of the ownership of wealth.

The primary reason for this problem is that the social security program has not kept up with changing economic conditions. When the current program was designed, the nation was at the bottom of the Great Depression. The length of the depression and the failure of financial institutions had wiped out the lifetime savings of a great many families. More than 20 per cent of the labor force was unemployed. The new Keynesian economics stressed that the depression would persist as long as the full-employment rate of savings remained greater than the rate of investment. The fear that an excessive savings rate would cause a permanent depression remained a firm conviction of many leading economists into the 1940's. In contrast, the past 25 years have seen a relatively low average unemployment rate of 4.8 per cent. The early fear of excessive savings has now changed to a serious concern about a capital shortage in the years ahead. Not surprisingly, the social security system appropriate for today is very different from the system that was appropriate 40 years ago.

Although the basic framework of the social security program has nevertheless remained unchanged, the size of the program has virtually exploded in recent years. In the fiscal year ending in June 1975, social security benefits for the retired, the disabled, and their dependents will exceed $67 billion. This represents a more than threefold increase from the $20 billion in 1965. Even after adjustment for inflation, benefits have increased by 102 per cent in the last decade. This expansion of benefits has occurred at an even faster rate during the past five years. Real benefits rose 56 per cent during these years while real GNP rose only 10 per cent.[1]

At the same time, the social security tax has also increased very rapidly. In 1965, employees and employers paid a combined tax of 7.25 per cent on the first $4,800 of income; the maximum tax was thus $348. In 1975, the tax is 11.7 per cent on the first $14,100, for a maximum of $1,650. The maximum tax per covered worker is now nearly five times as great as it was only 10 years ago.[2]

[1] These benefits exclude Medicare benefits for the aged. Medicare benefits have grown even more rapidly than the cash benefits. In 1974, hospital and medical benefits under Medicare exceeded $12 billion, nearly double the 1969 level. There were no Medicare benefits a decade ago.

[2] The 11.7 per cent tax rate consists of a 9.9 per cent rate for old age, survivors', and disability insurance, and a 1.8 per cent rate for Medicare. The 9.9 per cent rate entails a maximum tax of $1,396 and implies a fourfold increase in the maximum tax payment in a decade.

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Forebodings of bankruptcy

During the past year, the popular press frequently has discussed the possible financial bankruptcy of the social security system. A story in *U.S. News and World Report* in July 1974 declared that the social security system is in a desperate financial condition and concluded, "The failure to reform social security, almost everyone agrees, could lead in the long run to disaster." A month later, the *Wall Street Journal* quoted this conclusion approvingly and added, "It is worse than that." These views were then widely echoed in other newspapers and magazines. There is a strong fear among the public at large that social security may be headed toward financial collapse. This fear of bankruptcy is without merit. It is worthwhile therefore to discuss this problem of financial solvency before turning to the more important economic effects.

The pay-as-you-go method of financing social security is a crucial aspect of the current program and of its financial problem. The government now collects a payroll tax equal to 11.7 per cent of the first $14,100 of each worker's income.[3] These payroll tax receipts are used to finance cash benefits currently being paid to retired workers, along with Medicare benefits of the aged and cash benefits to disabled workers and surviving dependents. Only a relatively small trust fund of $55 billion—less than one year's benefits—is kept on hand to smooth the flow of receipts and expenditures.

In comparison to this trust fund, the social security system now has liabilities of more than $2.4 trillion.[4] This means that current members of the system, working and retired, are expected to receive $2.4 trillion more than they are expected to pay in future taxes. If social security were a private pension program, it would require current assets of $2.4 trillion to be financially solvent—i.e., to guarantee its ability to meet its future obligations. Since the social security program has a trust fund of only $55 billion, or some two per cent of its obligations, social security is bankrupt by the conventional standards used to determine the actuarial soundness of private pension programs. This analogy of social security to private pensions is, however, totally misleading. A private pension program must have sufficient assets to meet all prior commitments because it cannot be certain that any future contributions will be made. In contrast, the social security program can

[3] Although the employer legally pays half of this and the employee the other half, this is essentially just an accounting convention. The actual distribution of the burden of the tax between wages and profits depends on the effects of the tax on the relative supplies of labor and capital.

[4] This is an official estimate of the Social Security Administration for the fiscal year ending in June 1974.

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continue to compel future generations of workers to pay social security taxes. These future tax rates can be set so that tax revenues are sufficient to meet the claims of the beneficiaries. The government's power to tax is its power to meet the obligations of social security to future beneficiaries. *As long as the voters support the social security system, it will be able to pay the benefits that it promises.*

The "double-indexing" problem

Social security does, however, face a financial problem in the future. If nothing were done to change the current social security law, it is likely that the social security tax rate would have to rise very rapidly in the years ahead. This is due, first of all, to an unintended feature of the 1972 social security legislation which all experts agree is an error that should be corrected.

Before 1972, the social security program had no explicit method of adjusting benefits for changes in the cost of living. Instead, Congress frequently gave ad hoc increases in benefits that generally more than compensated for the effects of inflation. In 1972, Congress enacted a basic change in the law: Starting in June 1975, all benefits will increase automatically in accordance with changes in the cost of living. This is a desirable reform that protects the real value of retirees' benefits from the haphazard effects of inflation. Unfortunately, however, the specific method of indexing benefits adopted in the 1972 legislation contains a very serious technical flaw. As the law now stands, inflation will affect current and future workers in two ways. When prices and wages rise, the lifetime "average monthly earnings" on which social security benefits are based will also rise. In addition, the current method of indexing also raises the benefits at each level of average monthly earnings. Thus, inflation raises social security benefits in two cumulative ways.

An oversimplified example will illustrate the way that this works. Consider a retiree who, without inflation, would have lifetime average monthly earnings of $500 and receive benefits of $300. Under the current rule, when there is inflation the benefits for each average monthly earning level are adjusted upward—e.g., with a 20 per cent cumulative price increase, the benefits associated with $500 average earnings would rise to $360. However, such an increase in prices would also tend to raise wages and therefore raise average monthly earnings. The benefits associated with these higher earnings would exceed $360. The *real* value of the benefits, i.e., the

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value adjusted for changes in the price level, would therefore increase because of inflation.

This "double-indexing" makes both the value of benefits and the required tax rate hypersensitive to the rate of inflation. A useful way to measure benefit levels is the "replacement ratio," i.e., the ratio of benefits at age 65 to the earnings immediately before retirement. The actuaries of the Social Security Administration have estimated the effects of different rates of inflation on the replacement rate for a "typical" married retiree who had previously had the median level of earnings. During the 25-year period from 1948 through 1973, money wages grew at approximately 4.4 per cent while prices increased about 2.4 per cent. Real wages therefore grew at the difference between these rates—two per cent per year. With this rate of growth of real wages and a two per cent rate of inflation, the "typical" retiree 75 years from now would receive benefits that replaced 63 per cent of what he was earning just before retirement.[5] But if prices rose at four per cent instead of two per cent, the replacement rate would be increased from 63 per cent to 95 per cent.[6] With an even higher rate of inflation, an individual's social security benefits could greatly exceed what he had earned before retirement. This haphazard behavior of the replacement ratio is clearly undesirable. The hypersensitivity of the benefits to inflation also makes the tax rate very sensitive to the rate of inflation. Even with no other adverse influences, a five per cent rate of inflation would cause the social security tax for retirees and survivors to increase from 10 per cent today to approximately 15 per cent after fifty years. All experts now agree that the method of indexing should be revised to eliminate the instability of replacement rates and avoid an explosion of the social security tax rate.[7]

Demographic changes

But even with a proper method of adjusting for inflation, the social security tax rate will have to rise substantially over time to maintain the current ratio of benefits to previous income. This is because the changing demographic structure of the population will

[5] This substantially understates the extent to which benefits replace net wages after income and payroll taxes.

[6] This assumes the same two per cent rate of growth of real wages. Because this rate of growth is determined primarily by technological factors, it is much more predictable than the rate of inflation.

[7] This was recommended recently by the official U.S. Advisory Council on Social Security and by the Panel on Social Security Financing of the Senate Finance Committee.

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result in a higher proportion of retirees to workers. The birth rate has dropped dramatically since 1960 at every age level. The total fertility rate, i.e., the average number of babies born per woman in her lifetime, remained above 3.0 from 1947 to 1964 and then declined sharply and continuously to 1.9 in 1973.[8] A total fertility rate of 2.1 is required just to maintain the population at its current size over the long run. Even if the fertility rate were to rise immediately to this zero population growth value of 2.1, the demographic structure of the population would still change dramatically over the next 60 years. There are now 30 beneficiaries for every 100 workers. The social security actuaries now estimate that, with a fertility rate of 2.1, there will be 45 beneficiaries for every 100 workers in the year 2030.

With the current method of pay-as-you-go financing, this 50 per cent increase in the relative number of beneficiaries requires a 50 per cent increase in the social security tax rate if benefit replacement ratios are to be maintained. Since the cost of the benefits to retirees and survivors is currently 10.9 per cent of the earnings taxed by social security,[9] the 50 per cent increase would bring the tax rate in 2030 to 16.4 per cent. The actual future tax rate will also reflect changes in productivity and labor force participation. With less favorable demographic conditions or productivity growth, the tax rate could reach 20 per cent or more.[10]

An increase in the social security tax rate to 16 or 20 per cent would be a substantial increase.[11] But is this necessarily a serious problem for the social security system? There are some who believe that such high rates would create an intolerable burden on low-income and middle-income families. This is a false argument that ignores the substantial increase in real earnings that these families will enjoy at the same time that tax rates rise. Even a tax rate increase of 10 percentage points over the next 50 years is only an increase of 0.2 percent per year. This higher tax would absorb only one tenth of the annual real wage growth of two per cent. Stated somewhat differently, with a two per cent annual rate of growth, real wages would rise by 200 per cent between now and

[8] Preliminary estimates for 1974 indicate that this downward trend has continued.
[9] The current combined tax rate of employer and employees is 9.9 per cent but fails to cover total costs.
[10] The Official Advisory Council on Social Security estimated a 16.2 per cent rate for the year 2030. The Social Security Panel of the Senate Finance Committee used less optimistic assumptions about the birth rate and concluded that, with a two per cent growth of real wages, the tax rate in 2030 would have to be 20 per cent to cover the concurrent costs.
[11] There is currently an additional 1.8 per cent for disability and health. There is every indication that these costs will continue to rise very rapidly.

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2030, and the higher social security tax would absorb no more than 10 percentage points of this 200 percentage point increase in real wages.

There is, however, a very real problem entailed in this projected increase in the social security tax rate. By substantially raising the overall marginal tax rate (including income and sales taxes) of middle-income and low-income households, the higher social security tax rate exacerbates the distortion and disincentives already produced by our current tax system. A specific example will illustrate this point: A family of four in Massachusetts with earnings of $12,000 currently pays a combined marginal tax of 36 per cent, including the federal and state income tax and the social security payroll tax; in other words, an extra dollar of gross wages paid by an employer adds only 64 cents to the disposable income of such a family.[12] An increase in the social security tax rate by 10 percentage points would raise the marginal tax rate by nearly one third to 46 per cent and reduce the employee's net take-home pay to only about half of his gross earnings. Such high tax rates would undoubtedly have substantial effects on the behavior of the labor force.

These calculations treat the social security tax as if it were the same as the personal income tax. There is, however, a very important difference. Paying a higher social security tax eventually results in higher retirement benefits. The relationship between tax payments and benefits is loose and haphazard, but it is present nonetheless. In contrast, an individual who pays higher personal income taxes does not as a result obtain any more in government services. Because employees perceive that there is a relation between their social security tax payments and their own future benefits, their response to an increase in social security taxes should be quite different from their response to an increase in the personal income tax rates. Indeed, if social security were effectively a compulsory savings program in which each individual, in return for his tax payments, received the same level of benefits that he would have obtained by investing those tax payments, the social security tax would have no effect on work incentives. As the required tax rate grows, it therefore becomes more important to move toward a system in which individual benefits do more closely reflect individual contributions, thus reducing or eliminating the undesirable work incentive effects. I will have more to say about this issue later in this article.

[12] The three per cent Massachusetts sales tax on most items other than food and clothing further reduces the value of this disposable income.

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The impact on capital accumulation

The most serious effect of our social security program is to reduce the nation's rate of savings and therefore our rate of capital accumulation. Recall that with our current pay-as-you-go method, social security tax receipts are paid out as concurrent benefits and are not accumulated. There is no real investment of social security tax payments, and therefore no interest as such is earned on these compulsory contributions. When we, the current generation of workers, retire, we will not receive social security benefits by drawing down an accumulated fund. Instead, our benefits will be financed by the tax payments of those who are at work when we retire.

Because of the growing population and rising level of real wages, the taxes collected in the future will allow us as retirees to receive social security benefits greater in total value than the amount we will have paid in taxes while we were working. Past experience suggests that the level of benefits will be equivalent to receiving a modest real rate of interest on our previous compulsory contributions to social security. If there is no further expansion of coverage or of benefit replacement rates,[13] future social security benefits will on average reflect a real rate of return equal to the rate of growth of total wage income (i.e., the rate of growth of the labor force plus the rate of growth of the wage rate). With zero population growth, the implicit real rate of return would be about two per cent; although this seems low, it should be remembered that this is a real after-tax rate of return and therefore about as much as most low-income and middle-income households have traditionally received from personal savings accounts or government savings bonds.

For most Americans, the social security program is the major form of saving. Consider, for example, an individual with an income of $10,000 who, in the absence of social security, would wish to save 10 per cent of his total income for his old age. With social security, such an individual would not have to do any saving at all for his retirement. He need save only to buy consumer durables and to have a cash balance for emergencies. Similarly, an individual with an income of $20,000 who, in the absence of social security, would want to save 10 per cent of his income (or $2,000), finds that social security now involves compulsory savings of about $1,600.

[13] Past increases in social security benefits were possible in part because new groups were being added to the covered population. Relatively few workers are now not covered, and the $14,100 maximum causes the tax base to include approximately 75 per cent of all covered earnings.

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He would therefore need to save only an additional $400 instead of $2,000.[14]

In 1974, total social security contributions were $89 billion, or nine per cent of total disposable personal income. If individuals think of these contributions as equivalent to savings and reduce their own personal savings accordingly, the effect on total savings would be very substantial. In 1974, personal savings were $77 billion, or eight per cent of disposable personal income. If one assumes there was an $89 billion reduction in personal savings induced by social security, this means that personal savings have been cut to less than half of what they would otherwise be.[15] Of course, not all private savings are personal savings. Corporate retained earnings account for nearly half of all private capital accumulation. In 1974, these corporate savings were $53 billion, and added to personal savings, this means that total private savings were $130 billion. If social security did reduce savings by $89 billion, the total potential private savings of $219 billion had been reduced by about 41 per cent. In the long run, this implies that U.S. capital stock is also about 41 per cent less than it would otherwise be.

Because social security taxes are not actually compulsory savings, but only an exchange of taxes for an implicit promise of future benefits, it is also useful to look at the likely effect of social security on savings in a quite different way. Instead of considering the social security contributions, the individual might focus on his expected benefits. Being covered by social security is like owning an annuity—i.e., a claim on future annual payments when the individual reaches age 65. Although the individual is not guaranteed these benefits by contract and could in principle be deprived of them by a legislative change, the past experience of the program and the current legislation suggest not only that benefits will continue to be paid, but also that they will increase with the general level of income.[16] These implicit social security annuities are an important part of each family's wealth. An individual with such an annuity

[14] This may be saved directly or through a private pension. Many private pensions are adjusted for changes in social security and provide very different rates of contribution on incomes above and below the social security maximum. This "integration" of social security and private pensions is explicitly recognized in the tax treatment of pensions.

[15] The personal savings rate in 1974 was relatively high for the postwar period. From 1948 through 1974, the average rate of personal savings was 6.6 per cent.

[16] Even before the 1972 social security law, benefits were repeatedly raised by ad hoc legislation, so that the ratio of the average basic benefit (i.e., the benefit received by a worker with no dependents) to per capita income has fluctuated around 41 per cent since the beginning of the social security program, with no noticeable trend.

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could reduce his own private accumulation of wealth—whether held directly or through private pensions—by an equal amount.

It is therefore interesting to use the total value of these social security annuities as an estimate of the likely effect of social security on the total private stock of real wealth. The total value of these annuities reflects the number of workers at each age, their age-specific mortality rates and the mortality rates of their wives, the rate at which per capita income can be expected to grow in the future, and the appropriate rate of interest at which to discount future benefits in evaluating the future annuity benefits. In a recent study,[17] I estimated the 1971 value of this social security "wealth" at $2 trillion.[18] Since the total private wealth of households in that year was about $3 trillion, the calculation suggests that social security may have reduced the stock of private wealth by about 40 per cent—i.e., from $5 trillion of wealth that would exist without social security to the $3 trillion that currently exists. The 40 per cent reduction is remarkably close to the estimate obtained by looking at the reduction in personal savings that would occur if households viewed social security taxes as an alternative to savings.[19]

The relative importance of social security "wealth" has grown very rapidly in the past two decades. In 1950, social security "wealth" was 88 per cent of gross national product. A decade later it had increased to 133 per cent of gross national product. Today it is more than 200 per cent of gross national product. The impact on capital accumulation is thus more important than ever before.

Some confirming evidence

Two caveats must be noted at this point. First, while it is clear that rational men who are fortunate enough to have had a basic course in economics might understand the wealth implied by the social security program, the typical American household might not behave as this theory predicts. The two preceding calculations showed the extent to which the social security program would

[17] "Social Security, Induced Retirement and Aggregate Capital Accumulation," *Journal of Political Economy* (1974).

[18] This social security "wealth" is not real wealth but only an implicit promise that the next generation will tax itself to pay the annuities currently specified in the law. Although there are no tangible assets corresponding to this "wealth," it is perfectly rational for households to regard the value of their future social security benefits as part of their personal wealth.

[19] As I noted above, the U.S. Treasury recently published an estimate of $2.4 trillion for the unfunded liability of the social security program. Although the financial liability as such is not important, the $2.4 trillion is significant as an estimate of the potential effect of social security on the current stock of real wealth.

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reduce private capital if households did substitute social security "wealth" for private savings, but they did not show that such substitution actually occurs. Second, even if households are perfectly rational in reducing private wealth accumulation by the value of their social security "wealth," the effect of social security is more complex than the preceding discussion indicated. As I noted earlier, an important effect of the social security program (and especially of the rule that benefits are paid only to those who are effectively retired) is to induce a higher rate of retirement among older persons. But a higher rate of retirement will in itself increase the rate at which people choose to save. A man who plans to continue working until his death need only accumulate enough wealth to support himself (and any surviving dependents) if he becomes unable to work before he dies. If that same man is induced to plan to retire at 65, he will want to accumulate sufficient wealth to provide for this lengthier retirement period. At age 65 a man now has a life expectancy of more than 13 years. Since social security benefits are substantially less than earnings, the induced retirement is likely to lead to some additional private savings before retirement.

The net effect of the social security program will therefore depend on the balance between the extra savings due to induced retirement and the reduced savings due to the replacement of private accumulation by social security "wealth." The relative strength of these two effects will, of course, depend on the magnitude of the increase in retirees due to the social security program. In 1929, 45 per cent of men over the age of 65 were retired. By 1971, the retirement rate had increased to 75 per cent. Although the higher rate of retirement also reflects higher income, changing life expectancies, and a different occupational mix, the social security system is probably responsible for some of the increase in retirement. Nevertheless, it is clear that even if half of the increase in retirement were attributable to social security, the reduction in savings due to the replacement of private wealth by social security "wealth" is almost certain to be much greater than the effect on savings of induced retirement.

I recently completed an econometric study of savings behavior in the United States since 1929 that was designed to estimate the net impact of social security on the nation's accumulation of capital.[20] The results confirmed that social security does substantially reduce private savings. More specifically, the statistical estimates imply that social security reduced personal savings in 1971 by between

[20] "Social Security, Induced Retirement and Aggregate Capital Accumulation," *Journal of Political Economy* (1974).

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$40 billion and $60 billion. The actual level of personal savings in 1971 was $61 billion. The estimated fall in savings therefore implies that social security reduced personal savings by between 40 and 50 per cent. Total private savings, including corporate savings, were therefore reduced by between 32 and 42 per cent. I noted earlier that if private wealth were reduced by the full amount of social security "wealth," the decrease in our capital stock would be about 40 per cent. The current estimates of a reduction of between 32 and 42 per cent in the savings rate therefore imply that households do rationally respond to social security "wealth" by reducing their private savings, and that the effect on savings of induced retirement is relatively small.

Some further evidence of a very different type also supports this conclusion. The major developed countries of the world differ quite substantially in the fraction of national income that is saved. The United States, with postwar private savings equal to about nine per cent of national income, is well below average. Social security programs also differ substantially among these major developed countries. An analysis of this international evidence indicates that a higher level of social security benefits and a more complete coverage of the population by the social security program decrease a nation's rate of private savings.

The results of reduced savings

How does this substantial reduction in savings affect the American economy? How would our economy be different if the rate of saving were substantially higher? To be specific in my answers, let me use the estimate that social security reduces the nation's savings by about 35 per cent. If this asset substitution had not occurred, the long-run capital stock would therefore be some 55 per cent higher than it currently is. This implies that as a rough approximation, gross national product would rise by about 14 per cent. For 1974, then, GNP would be increased by more than $197 billion. To put this number in some perspective, note that $197 billion is nearly 25 per cent of total consumer spending, nearly twice the total of individual income tax payments, and substantially more than twice the level of national defense expenditures. Viewed somewhat differently, $197 billion is $920 per person, or more than $2500 per family. *Let me emphasize that this lower level of GNP reflects the pay-as-you-go nature of our social security system.* It is because social security taxes are used to pay concurrent benefits that the capital stock is smaller and income is less than it would otherwise be.

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The substantial reduction in our nation's savings implies that there is less capital per worker in the economy. This change in the relative scarcity of labor and capital implies that the current social security program makes wage rates lower and the rate of profit higher than they would otherwise be. If in the absence of the current social security system the capital stock were 55 per cent greater, the wage rate would rise by 14 per cent and the rate of return on investment would fall by 27 per cent. This would imply a rather significant redistribution of income to less wealthy families, for whom wage income is much more important than capital income.

The current social security program also has a dramatic effect on the distribution of the ownership of capital. In our country, capital is distributed much more unequally than income. The top one per cent of income recipients earn some five per cent of total household income. In contrast, the top one per cent of wealth holders own approximately 40 per cent of the capital owned by all households. How does this greater inequality of wealth reflect the impact of the social security system? To the great majority of Americans, their anticipated social security benefits are an adequate substitute for almost all private wealth holdings. Only for those with incomes above the base of the social security tax, now $14,100, is there a need for substantial private wealth. Stated somewhat differently, if the social security "wealth" of more than $2 trillion were instead part of our private wealth, it would be distributed much more equally than the current distribution of income. And the distribution of the larger total wealth of $5 trillion would be much more equal than the current distribution. I have made some estimates that imply that the concentration of the ownership of capital in the top one per cent would be halved (from 40 per cent today to only 20 per cent). The political consequences of a very widespread ownership of an additional $2 trillion of private capital can only be conjectured.

However, the current degree of inequality is in large part an illusion, based on incorrectly measuring each household's wealth in a way that excludes the value of social security benefits and private pension rights. The problem is thus largely a false one. The true distribution of wealth would not really be altered if individuals held claims to their retirement income directly instead of through a social security system.

A social security fund

It is clear that our current pay-as-you-go social security program has certain grave side effects: *a substantially lower level of national*

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income, and a redistribution of income from wage and salary earnings to the owners of capital. What can be done to correct these harmful effects without losing the advantages of the current social security system? I pose the question this way to emphasaize my disagreement with some radical reformers who would abolish our social security system, on the grounds that it interferes with each individual's freedom to decide how much to save for his old age. The abolition of social security would be inconsistent with our nation's commitment to prevent poverty during old age. Although social security might be replaced by a system of means-tested grants to older persons who have neither the income nor the wealth to be self-sufficient, I believe that this would be a self-defeating policy. If the level of benefits were set high enough to provide what would generally be regarded as an adequate standard of living, the new program would be a substantial incentive to workers not to provide for their old age. The means-tested benefits would thus have the double disadvantage of discouraging savings and lowering the real income of the aged.

How then should the current social security program be reformed to reduce the harmful effects on capital accumulation? And can this be done without the public hostility and political opposition that might be aroused by a major restructuring of the benefits? Fortunately, it is possible to alleviate the problem without making any changes in the structure of the program that would be noticed by the general public. The problem of reduced capital accumulation arises because the government pays out all social security contributions as they are received, and thus does nothing to offset the fall in savings by households. If a substantial portion of social security taxes were instead saved and invested by the government, as they would be in a private pension program, the social security system would accumulate its own reserves, which would offset the reduction in private capital accumulation. Stated somewhat differently, *the social security program, by collecting more in taxes each year than it paid in benefits, would add to the national rate of saving and would thus partially offset the reduction that it causes in the private savings rate.*

Let me emphasize that I am not arguing that a large social security fund is *necessary* to protect the actuarial soundness of the social security program. I explained earlier that the social security program does not need a reserve fund in order to pay future benefits. The power to tax the earnings of future workers makes traditional actuarial soundness irrelevant. But the fact that a social security fund is not indispensable does not make it any less desirable.

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Such a fund would increase the level of income, raise wage rates, and lower the cost of capital. The benefits from the fund in the form of higher future consumption would be well worth the current sacrifice. Economic studies indicate that society would earn a real rate of return of 15 per cent on additional capital accumulation.[21] A $100 investment now would yield the nation an additional $15 of real goods and services in every future year. This higher income could be used to reduce the future growth of taxes, leaving more for personal consumption and investment.

Responding to objections

I have learned from experience that proposals for the establishment of a large social security trust fund are often met with various incorrect objections. I will discuss the five arguments that I have heard most frequently:

1. It is often alleged that accumulating a social security fund would not add to real capital accumulation. Nancy Teeters, now a senior Congressional budget analyst, provides a very clear statement of this view:

> A private pension plan can transfer resources over time for the individual by currently investing in productive capital that produces real income in the future, whereas the social security surpluses are invested in government securities. The interest on those government securities is a government expenditure that must be financed from current revenues. Creating near-term surpluses to build up large trust funds that will generate large interest payments in the future does not reduce the burden of supporting the dependent population in the year that it occurs. The existence of large trust funds only determines whether the cash-benefits program is going to be financed out of payroll taxes or out of general revenues used to pay the interest on the securities held by the trust fund.

There are two common and crucial errors in this paragraph. Consider what actually happens when the social security program has a surplus with which it buys outstanding government securities on the open market. First, the future interest payments on that debt are paid to the social security program instead of to the private

[21] A 15 percent real rate of return may seem unlikely because it is so much higher than most individuals are able to earn. It must be remembered, however, that the individual's return is reduced by the corporation tax and the personal income tax, and may be limited by regulations on bank interest rates. The real return to society includes the taxes received by the government as well as the net income received by the investor. The ratio of before-tax corporate earnings to share prices provides a rough measure of the potential social return on additional investment; for major industrial companies, this now exceeds 15 per cent.

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individuals who previously owned the government bonds. Therefore, contrary to the implication of Dr. Teeters' statement, there is no need for additional general taxation to make extra interest payments. And the social security program has interest income that permits it to lower the payroll tax and yet still provide the same level of benefits. The burden on the future generation of taxpayers is thus lighter. Second, the private individuals who originally sold their government bonds to the social security fund will invest the proceeds in private bonds and stocks.[22] This additional demand for private securities will increase the funds available for private investment, and extra private investment increases the real capital stock and raises future income. In this very real sense, a social security trust fund can transfer resources over time and reduce the tax burden on future generations.[23]

2. There is still a vestige of the early Keynesian fears that a social security surplus would produce excess savings and serious recession.[24] These concerns have inappropriately been carried from the Great Depression into the present decade. Now our capital market would have no difficulty in adjusting to an increasing rate of savings. With more capital available for investment, the cost of capital would fall; firms would introduce more capital-intensive techniques of production, and would provide more good jobs in capital-intensive industries. There is no reason why the United States cannot absorb savings at the same high rates that other developed countries can.

3. Some who would otherwise favor an increase in capital accumulation fear the excessive interference of a social security fund with the private economy. There would be grounds for such concern if the accumulation of a social security fund required ownership of physical capital or equity shares in private companies; however, such investments are not necessary. There is currently more than $500 billion of privately held government debt (including the debt of state and local governments) and more than $200 billion of additional bonds issued or guaranteed by government agencies.

[22] This assumes that the government does not undo the achievement of the social security fund by increasing its general deficit.

[23] If some portion of these extra private funds is invested abroad or replaces foreign investment in the United States, the social rate of return on them may be lower than otherwise. This occurs when a foreign government collects part of the return in its business income tax, or when the United States loses corporate tax receipts on displaced foreign investment. But the additional investment still transfers resources over time in a productive way and thus alleviates the burden on future generations.

[24] In 1941, Seymour Harris, one of the pioneer Keynesians in America, praised the ability of the social security program to reduce total saving.

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Private mortgages and corporate bonds provide further means for channeling funds to the private capital market without becoming involved in management or equity ownership.

4. Accumulating a surplus in the near term requires raising the social security tax rate. This is seen by some as unfair or excessively burdensome. It must be remembered, however, that the social security tax is already scheduled to increase substantially in the future in order to deal with the changing demographic structure of the population. By raising the tax rate now, the eventual total increase can be reduced, since the interest income of the social security fund will be available to pay part of the cost of future benefits. If we do not raise the tax rate now, we will be placing an unfair burden on the next generation—asking them to pay a much higher tax rate to support us than the rate that we charged ourselves. And if they refuse to shoulder this burden, and to tax themselves more heavily than we are now taxing ourselves, the benefits that we receive will be very much smaller than we now expect.[25]

5. Finally, there are some critics who object to lodging such a fund in the social security agency rather than in the Treasury or in some other government department. I recognize that there is no compelling economic logic for assigning this responsibility to social security. But historically and politically, the social security system has been viewed as a substitute for private savings and private pensions. The social security agency is therefore the natural place in the government structure in which to locate a public savings or pension fund. Adding to the already existing social security fund should raise none of the ideological or political objections that might be aroused by the creation of a new government investment agency. It is not just coincidence that in other countries the ownership of a large public capital fund has been specifically vested in the social security agency.

Inequities and inefficiencies

Although I have focused on the adverse effects of social security on capital accumulation, there are other serious problems that require careful attention and future action. The most important of

[25] Recall that the tax is currently forecast to rise eventually by between six percentage points and 10 points just to compensate for the changing demographic structure. Increasing the tax now by four percentage points would yield an investable surplus of nearly $30 billion in the first year. The accumulating fund that results from such an increase might be sufficient to make all future increases unnecessary; an actual estimate of the increase required to establish such a permanent stable rate remains to be done.

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these is the haphazard and often discriminatory relation between individual contributions and subsequent benefits. This is most acute in the treatment of working wives and in the imposition of an earnings test as a condition of receiving full old-age benefits.

Working wives pay full social security taxes but receive little or no extra benefits in return. Under the current law, a man who retires can receive an additional 50 per cent of his benefits if he has a dependent wife. The wife may instead receive benefits on the basis of her own previous work, but she thereby loses her benefits as a dependent. Similarly, a widow can choose between collecting 75 per cent of her husband's benefits and collecting her own benefits. As a result, for women with low earnings it is often preferable to claim benefits as dependents and to forgo the benefits for which they themselves paid taxes. It is thus possible under our current law for a married couple with a single earner to pay less tax and receive more benefits than another couple in which both husband and wife work.

This discrimination against working couples substantially diminishes the perceived fairness of the system. In spite of the progressivity of the basic individual benefit schedule, the treatment of working wives means that many low-income families pay more in taxes and receive less in benefits than higher-income families. Finally, the imposition of taxes without corresponding benefits reduces the incentive for wives to work and thus diminishes both their labor force participation and their average hours of work. As the social security tax rises, this unfair treatment becomes a problem of increasing importance.

Although the social security program was intended primarily as a system of income maintenance for the aged, it may now have the effect of reducing the levels of income and consumption for many of those over 65. This is the unfortunate result of the earnings test imposed as a condition of receiving full benefits. The rationale for the earnings test has always been unclear and contradictory. In the Depression, it was seen as a way of encouraging retirement in order to open up jobs for younger unemployed workers. At the same time, however, the commonly accepted goal of the program as a whole was to replace the lost earnings of those no longer able to work.

Whatever the rationale, it is clear that many older workers are currently induced to retire by an earnings test that substantially reduces the additional income that can be gained by continued working. A married worker with current net earnings of $500 per month might be eligible for benefits of $300 per month; at age 65, the net reward for continuing to work therefore falls from $500 per

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month to only $200 per month, or from about $3.25 per hour to $1.25 per hour. Although there are special provisions that permit limited earnings without losing all benefits, it is clear that the earnings test is a substantial work disincentive for many who reach the age of 65.

Those who are induced by the combination of available benefits and the earnings test to retire earlier than they otherwise would have done often receive substantially less in social security benefits than they would have earned if they had continued to work. (In the preceding example, retirement causes monthly income to drop from $500 to $300.) Even with optimal saving during the pre-retirement years, the level of consumption is likely to fall at retirement. The income maintenance goal of the social security programs is thus partly vitiated by imposing an earnings test as a condition for receiving benefits.

The earnings test has a further disincentive effect on younger workers. For a worker who does not plan to retire at age 65, the earnings test means that benefits will be postponed and may never be collected. The earnings test thus reduces or eliminates the value of the benefits that would otherwise follow from paying the social security tax. Without such a return, the tax becomes a disincentive to work and a source of inefficiency in the use of labor.[26]

The need for reform

The inequities and inefficiencies associated with the earnings test and with the current treatment of working wives should be eliminated. There are a variety of ways in which this can be done. The important thing is to make individual benefits reflect individual contributions as closely as possible.

Eliminating the retirement earnings test would end the current distortion of work behavior and increase the income of many aged persons who would then prefer to continue working. As an alternative to complete elimination of the test, the value of the monthly social security benefit could be actuarially increased for those who retire after 65, just as it is now actuarially reduced for those who retire before 65. Either of these reforms would end the unfair prac-

[26] Indeed, even for those who know that they will be induced to retire at age 65, the earnings test may be a work disincentive in earlier years. An individual who would, in the absence of the earnings test, prefer to work at 65 does not value the combination of benefits and forced retirement as much as he would value the benefits alone. The earnings test thus lowers the value of the benefits to the individual. The tax payments are therefore not fully compensated by future benefits.

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tice of denying benefits to those who have paid social security taxes simply because they continue to work.

In reforming the tax treatment of working wives, it would probably be best to concentrate on changing the taxation rather than the benefits. The alternative of allowing the working wife to collect double benefits as retiree and as wife would provide payments that are too high and would continue to discriminate against unmarried workers. The option of eliminating the benefits for nonworking wives would leave many families with benefits that are too low. Perhaps the simplest approach is to limit each couple's total social security tax base to the current individual maximum (now $14,100). The taxes on the joint covered earnings up to this amount would be credited to a single account and would form the basis for the couple's future benefits.[27] Any tax in excess of the maximum could be rebated by the government as a federal tax credit, just as the excess social security taxes are now rebated for an individual who holds more than one job and thus pays more than the maximum social security tax.[28]

Each of the suggested remedies would require a rise in the social security tax. Nevertheless, such increases are not important if they improve the equity of the system and reduce the current distortions and disincentives. Indeed, as the required tax rate is forced up by demographic changes, it becomes increasingly important to reduce or eliminate the disincentive effects that would otherwise be associated with a high tax rate. As I have already emphasized, this requires that those who pay the tax should recognize that their taxes are equivalent to compulsory savings that will be returned with implicit interest in the future. Eliminating the discrimination and distortion entailed in the earnings test and in the current treatment of working wives is well worth the higher tax rate that would follow.

There has been continuing pressure in recent years to reduce the use of the payroll tax and to rely more heavily on general revenue to finance social security benefits. Because this would weaken the relation between tax payments and subsequent benefits, it would increase the disincentive that inhibits the supply of labor and would exacerbate the inefficient use of labor. It is therefore better to finance social security by an actuarially fair payroll tax,

[27] This method would create special problems in cases of divorce, remarriage, and employment before marriage. Some of these problems already exist. A discussion of the possible remedies for this problem is clearly beyond the scope of the current paper.

[28] The current credit is only for the employee's share of the tax. Since this distinction is arbitrary, the full tax should be rebated.

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and then to use the personal income tax with rebatable credits to modify the distribution of income.[29]

* * *

Social security has become a central institution in American life. It enjoys vast public and political support. American families generally favor the idea of compulsory retirement savings through such a public program. It is clear that social security will continue in the future to have a major effect on the American economy.

But the growth of social security has brought with it unintended and often unsuspected problems. As we approach the 50th anniversary of the system, it is time to reform and to update it to meet the economic conditions of today and of the years ahead. The recent public concern with the financial problems of social security and the perceived need to revise its financing in anticipation of demographic changes provide an opportunity to address social security's more fundamental economic problems.

[29] In theory, of course, the distinction between the two taxes is completely arbitrary. There should be no theoretical difference in disincentive effect if the payroll tax were abolished and some part of the personal income tax used to finance the same earnings-related benefits. Regardless of the tax structure, the disincentive should depend on the "net marginal tax rate," i.e., the incremental tax net of the associated incremental benefits. Although this may be conceptually clear to the economist or the actuary, the typical taxpayer is not likely to see his personal income tax payments in this way. If the benefits are not clearly related to the tax, the taxpayer is likely to ignore the benefits. The best hope for reducing the disincentive effect of the social security finance system is therefore to have a separate and actuarially fair payroll tax.

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Family, bureaucracy, and the "special child"

BRIGITTE BERGER

In recent years there has been a phenomenal increase in the number of "special children." The term comes from the educational establishment, where it is used to refer to all children who have unusual learning problems *not* readily explainable by either medical or sociological factors (blindness, say, or ignorance of the English language). A study by the Rand Corporation, released in February 1974, asserts that some nine million Americans under the age of 21 (roughly 10 per cent of the population in that age bracket) suffer from various forms of "learning disability." By January 1975 informed observers already spoke of a "learning disability epidemic," allegedly affecting *up to 40 per cent* of school-age children.

Faced with a statistical explosion of this magnitude, the sociologist must ask whether the cause is to be sought in the phenomena to which the statistics refer or in the statistics themselves. In other words, he must ask whether the apparent increase in "learning disabilities" may not be simply the result of "labeling." By analogy, if baldness were newly "labeled" as a skin disease, there would be an immediate explosion in the statistics pertaining to skin diseases—and the dermatologists would be having a field day. One would be doubly suspicious if the dermatologists had not been doing so well

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just before the outbreak of the "epidemic." This, however, is precisely the situation in education, where many of the great reforms advocated in the 1960's have not been going so well. Diane Divoky, of *Learning* magazine, puts it this way:

> Many of the leaders in the learning disability field are the same liberals who pushed hardest for school reform in the late sixties. Then, the goal was to reshape the institution to fit the child, every child. When those dreams went sour, the impetus for reform had to go somewhere. Ironically, it is now being spent in making the child fit the institution.

Whatever may be the magnitude of the "labeling" factor, the phenomenon of learning disability is real. Voluntary child-care agencies everywhere are expanding their services for the "troubled" child, and are planning further expansion. Social workers everywhere are complaining about the difficulty of placing "special children" in appropriate institutions. Sometimes the pressures of this situation become tragic. Only recently I was present when a social worker in New York City tried to place a suicidal child in an appropriate hospital—and was refused by one hospital after another because of overcrowding and long waiting lists.

Bureaucratic and political responses

Inevitably, various bureaucratic structures have started to respond to the problem of the "special child." Even politicians are becoming interested. Programs are proliferating. Bureaucrats are moving in to organize and staff the programs, and the political system is beginning to disgorge funds. Inevitably, this releases the well-known dynamics characteristic of all bureaucracies: As soon as new funds are flowing from the political coffers, each competing agency begins to maneuver for a bigger share. Amoeba-like, each agency labors to double itself. Thus administrative authority over the "special child" is emerging as an area of public controversy. For the moment the lines between different positions and vested interests are still fluid. As the competition increases, however, there is danger that these lines will harden. Hostile camps of agencies and professional groups then will be battling, not only over access to public funds, but over areas of legally defined jurisdiction. In such a situation the individual child is reduced to a mere pawn in a power game. This situation has not been reached yet, but it is not very far away.

There are three bureaucratic empires now getting into fighting position: the mental health complex, the special education com-

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plex, and the legal complex. The third is the most recent arrival on this scene, adding its own kind of pressures through the courts. Needless to say, the rhetoric of each of the competing interests is replete with humane sentiments—not a difficult feat when dealing with distressed children. A number of scandals have drawn further attention to this area, and the American public, for a variety of reasons, has become particularly sensitive to those who suffer and cannot express their suffering. Thus the problem of the "special child" is becoming not only bureaucratized but politicized as well.

In itself, this process is not to be deplored. On the contrary, it is to be welcomed. There *are* children who are suffering, who need help. In our society it is inevitable that, to a degree at least, such help will be politically initiated and bureaucratically channeled. Thus, among people who long have been concerned with the problems of "special children," there is a sense of movement and even of victory. At the same time, there is a sense of crisis. So far, very little has been achieved in actually helping these children overcome their handicaps. The input of funds has not produced corresponding therapeutic results. Consequently, there has been a rising tide of criticism of existing programs and institutions. This is all to the good, but it also heightens a danger which, as Peter Drucker points out, faces any public service institution: "The temptation is great . . . to respond to lack of results by doubling efforts. The temptation is great to double the budget, precisely *because* there is no performance." This danger is not all that remote. There has already been a great increase in funds allocated to services for the "special child."

A conceptual morass

As in other areas of social life, the institutional competition over the "special child" is reflected in a competition between ideologies. Indeed, there is a veritable morass of conflicting definitions, conceptions, and classification schemes. This confusion is clearly visible in both the diagnostic and the therapeutic approaches to the learning disability problem.

What are the causes of "learning disability"? What types of "learning disability" are there? These fundamental questions of pathogenesis and classification today receive a large number of contradictory answers, all of which lay claim to "scientific" authority. There are various medical models of explanation, which vary according to whether their advocates are neurologists, psychiatrists, or biochemically oriented specialists. Some of the medical models

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conflict with those of clinical psychology. Then there are the various psychodynamic models, propagated by psychoanalysts and psychotherapists of different "denominations." Still other models are current among experts in special education. But the recent debates over the "special child" simply continue what has been characteristic of the larger area of "mental health" for a long time. Thomas Scheff has aptly described this situation: "There is no substantial, verified body of knowledge in this area. There is no rigorous knowledge of the cause, cure, or even symptoms of functional mental disorders. Such knowledge as there is, is clinical and intuitive, and thus not subject to verification by scientific methods."

As the concept of "learning disability" expands, it is very likely that more and more families will be caught in the labeling dynamics described above. For this reason it is all the more important to look at those children who, without any doubt, have serious problems. These are children who, without being mentally retarded and without obvious physical handicaps, are grossly behind in various aspects of their development—for example, children who do not learn to speak until about age five, or who begin to learn to read and write only at age 10 to 11, or who go into uncontrollable attacks of fear upon encountering trivial new situations, or who have consistent difficulties in carrying out instructions that involve a complex sequence of actions. Frequently, these children exhibit not one but a combination of the "behavior" or "learning" problems just described. However such children may be labeled medically or psychologically, no one will doubt that they in fact have a problem.

It seems plausible that if we can learn how to cope with the problems of this group, we will also be in a better position to cope with those children whose complaints are of a milder nature. At the present moment, both groups of children (those whose problems are undoubtedly real and those who may be simply victims of the labeling process) are being subjected to a process of rapid bureaucratization. In the course of this process, the parents of both groups encounter coteries of experts who tell them in authoritative, albeit contradictory, ways just what is wrong with their children. Increasingly, these experts are given a public mandate to translate their dubious diagnoses into equally dubious programs of treatment.

This certainly is not meant to disparage the sincere, often dedicated and self-sacrificing efforts made by members of all these disciplines and subdisciplines to help afflicted children. The problem is *not* one of ill-will. Rather, it is "structural"; it is endemic in this kind of situation. Both for the analyst and (even more) for the

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concerned parent, however, a useful attitude is one of great skepticism in the face of *all* the alleged authorities in this field.

What, then, is to be done about "learning disability"? It hardly needs stressing that the answers to *this* question will be unsatisfactory roughly in the measure that the answers to the preceding two questions have been unsatisfactory: Uncertain diagnosis almost always breeds uncertain therapy. What happens is that each therapeutic camp recites its famous "success stories"—conveniently ignoring the many unsuccessful ones. This is probably the most heartbreaking experience that parents of "special children" have to undergo. But there is an additional important fact: Once a child has been classified in a certain way, the "label" tends to stick—and so does the therapy indicated by the "label." This leads to a self-fulfilling prophecy. Even if a child were not "retarded" to begin with, once treated as retarded he *becomes* retarded—in the simple empirical sense of accurately displaying symptoms of retardation as measured by various clinical instruments. For obvious reasons this process is more powerful in cases where there are no gross physical symptoms, but even the diagnosis of such supposedly physical conditions as "cerebral dysfunction" or "motor disorders" is by no means immune to the "labeling" effect.

In the light of all this uncertainty, one can readily sympathize with the efforts of civil rights lawyers to erect legal defenses for the individual against the various coteries of experts.[1] Any "tyranny of experts" is bad; a tyranny of uncertain and contradictory experts is naturally felt to be intolerable. One can also sympathize with those who call for more research to increase our knowledge of these conditions. Even pending such an expansion of the frontiers of knowledge, we need more facilities for comprehensive diagnostic "workups," thus reducing the chance that this or that expert will simply "slap" a child with his pet label and corresponding standard operating procedure. None of this, however, helps to alleviate the immediate situation. Of course we need more knowledge. Of course we need better diagnostic facilities. *But what should we do in the meantime?* The pressures and the miseries of the present situation are far too great to allow public policy to wait until medical science makes more progress in this area.

[1] Marcia Lowry, a lawyer with the Community Action Legal Services, Inc., is well known for the class action suits she has fought to prevent the New York City Bureau of Child Welfare and the City Social Services Department from using Section 71 of the State Mental Health Law to place children in mental hospitals simply because there does not appear to be suitable shelter available elsewhere.

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Battered parents

We hear a lot from various professionals about "special children." Naturally, we rarely hear from individuals who are or have been classified in this category. It is the very crux of the matter that these troubled children, forced to live in a world separate from the rest of society, cannot speak for themselves. Yet all of them, or nearly all, have families, and it is astonishing how little we hear from these families. In recent years a few books and articles have been written by well-educated and articulate parents. They have helped to point to the heartache and the misery. These books underscore what was said above concerning the diagnostic and treatment morass. But these are isolated though courageous attempts to conquer fate, by their very nature limited to a small group of upper-middle-class parents. For the overwhelming majority of the families of "special children," there is no such escape. They have neither the inner nor the material resources with which to defy successfully the professional complex.

When one listens to the mothers of "special children," the same experience emerges again and again: You have a child, and soon you discover that something is "not quite right." Contrary to what many specialists seem to think, mothers from all walks of life recognize or at least suspect the condition of their children quite early. Then there are a variety of reactions—ignoring the condition, postponing any steps to deal with it, looking for help, becoming frantic. There usually seem to be differences between mothers and fathers, the former tending to be more insistent that something is wrong (which, later on, often leads psychologists to diagnose the "hysterical mother" as one of the causes for the child's condition). No matter how the parents react initially, eventually the trek to the doctors starts. The pediatrician makes a referral to a neurologist, the neurologist to a testing psychologist and then to a psychiatrist. Typically, the symptoms are unclear and no definite diagnosis is possible. If a diagnosis is made by one specialist, it is invariably doubted by another specialist. Then additional doctors are sought—another neurologist, another psychologist, and so on. I know of one family that has consulted close to 30 specialists in a period of five years: Hope against hope—and no clear-cut results.

Somewhere in this process begins a veritable assault on the parents (with the mothers typically the more victimized ones). There are the day-to-day problems and tensions, not only of living with a "special child," but of defending such a child against other people, both adults and children, who react to him in a variety of stigmatiz-

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ing ways. All of this requires unusual stamina and devotion. Yet in all of this the specialists not only are of little help, but typically aggravate the situation by their own behavior. Largely because of the influence of psychoanalytic theories that look upon the family situation as a root pathogenic factor, the parents themselves are "labeled" with the stigma first attached to their child—or rather, an even worse stigma. The cruelty of this procedure can hardly be overstated, as individuals desperately seeking help and support are "scientifically" judged to be the authors of the very affliction causing their desperation. Thus an intolerable burden of guilt and personal insecurity is added to what is already a remarkably unhappy state of mind. Parents become helpless, unable to rely on themselves, and often severely disturbed. This in turn has an effect on the child—thus offering "empirical evidence" for the notion that the parents are pathogenic factors. This savage farce of inhumanity masquerading as "science" produces as many "battered parents" as "battered children." In the words of one particularly compassionate social worker: "From my intake interviews with parents, one thing is absolutely clear to me—these people have been destroyed."

Sooner or later, the child becomes a "case," an object of bureaucratic procedures. The parent, already heavily burdened, is now confronted with a labyrinth of overlapping bureaucratic jurisdictions. If he has any energy left at this point, he must now enter into a whole series of new battles with the spokesmen and agents of the various institutions that in some way relate to the "special child." A whole new dimension has to be mastered—the knowledge of the inner workings of bureaucracy. This will be new to the parents; it is hardly that for the sociologist. The result is a conflict of vested interests.

State agencies compete with city agencies for jurisdiction—and for federal funds. Public agencies compete with private agencies (with the former having a built-in desire to swallow up the latter). The special school, public or private, seeks to expand. Special teachers, through professional organizations and unions, fight with the educational bureaucracy. Psychiatrists try to assert dominance over psychologists, who in turn resist the attempt. Psychotherapeutic personnel of every description compete with educational staffs. It must be emphasized that these processes are in no way limited to those parts of the "special child" complex that are directly linked to government. The same processes may be observed in the private bureaucracies of the various professions involved—medical, psychological, social-work, educational ("special" and otherwise). Many

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of these bureaucracies are subdivided, engendering further conflicts and tensions.

The parent has little if any chance of establishing his own claims in this situation. He and his child become *objects* of the competing bureaucratic agencies. Even assuming that the latter are animated by the most benevolent attitudes (a dubious assumption in many instances), this is not likely to enhance the parent's ability to cope with the original problem—namely, the care and cure of his child. Indeed, this original problem has a way of being forgotten as a quite different problem comes into the foreground—namely, the problem of navigating through the bureaucratic labyrinth. Once again, the class factor should be stressed here. The college-educated, more or less affluent, upper-middle-class parent has at least a fighting chance in the situation. It is at least imaginable that he may not only find a doctor who does not treat him as a carrier of disease, but also successfully put pressure on an educational bureaucrat. The less educated, poor or working-class parent has virtually no chance at all of retaining his independence and self-respect in this situation. It is not just that he lacks the financial resources and the political pull; much more basically, he lacks even the *words* to defend himself against the professional and bureaucratic jargon of the experts. The stories of black welfare mothers of "special children" frequently have all the stuff of Shakespearean tragedy in them—and sometimes they are also stories of awesome human strength and courage.

The prospects for cure

Add the dynamics of bureaucratization to the general state of ignorance about the nature of "learning disability," and the very poor therapeutic results are hardly surprising. I want to stress once more that this is *not* to indict the good faith and the good intentions of the great majority of professionals and bureaucrats concerned with the treatment of these children. But neither good faith nor good intentions, by themselves, are of much help. I do not want to go so far as to agree with Ivan Illich's recent and lapidary statement that "the medical establishment has become a major threat to health." But in looking at "success stories" in this field I often lean to the belief that the child has improved or recovered *in spite of* the treatments and programs to which he was subjected.

More important, there is another fact for which there is a good deal of evidence: Even the best therapeutic and educational programs seem to succeed to the degree that they can create a "total

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environment" for the child—one which replicates as closely as possible what is thought to be an ideal family situation. I am not concerned here with what this may or may not mean for the child in a closed institution. But for the child living at home, it clearly means *a close coordination between the home and the therapeutic and/or educational program.* The concept of the "total environment" derives from experience showing that the troubled child requires special attention on a full-time basis, not just for a few hours at a time. His whole environment must be structured to foster his progress or cure. This implies that *the home must be an essential part of this "total environment."*

A crucial element in all of this is the continuity of personal relations. The "special child," much more than his normal contemporary, must have close human relationships on a continuous, long-lasting basis with the individuals who seek to treat or educate him. Short-term or part-time contacts rarely suffice. This fact becomes more weighty when one reflects that (for understandable reasons) there exist very high rates of personnel turnover in agencies dealing with these children. At home (by definition!) there are "personnel" with very low turnover rates. Generally speaking, recovery and rehabilitation chances are *least* if the child has to be completely institutionalized. The chances are slightly better in just about any out-patient situation—which leads to the widely held rule of thumb that hospitalization should always be the last resort (and, if it is unavoidable, should be as short as possible). The child's *best* chances are in an out-patient situation in which there is close coordination with the home.[2]

This will not surprise anyone familiar with educational literature in general. Educational research has consistently revealed that educational success and failure are intimately correlated with home background. None of this detracts from the excellent work done by such institutions as Bruno Bettelheim's Orthogenic Clinic in Chicago, Mira Rothenberg's Blueberry Treatment Center in New York, or the schools operated by the Anthroposophists in Pennsylvania and Mas-

[2] Reporting on a survey of the recent activities of voluntary child care agencies, Eulala Steele King, assistant executive director of the Council of Voluntary Child Care Agencies, stated that "perhaps the most significant finding" was the view that all children raised in foster care fared less well than those raised in home settings. In testimony given during the federal court case against Willowbrook, Margaret Denny cited the excellent results that she had with three retarded children, former Willowbrook patients, who are now boarding in her home: "The most recent arrival, an eight-year-old girl, had been in [Mrs. Denny's] home only two weeks . . . and in that time had learned to dress and to feed herself, had been toilet-trained, and was helping with small housekeeping tasks. . . ."

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sachusetts. These institutions, though, are few and far between—and their successes are closely tied to the presence of unusually able and devoted individuals, *who stayed with each child for a long time.* These instances, alas, are too rare to serve as guides for public policy. Indirectly, however, they suggest something very important: *If the therapy and education of the "special child" succeed precisely to the extent that those engaged in it resemble parents, albeit "artificial" ones, then the therapeutic and educational role of the real parents should be taken much more seriously.*

The importance of the family

The family is the natural locale for the sustained growth of *any* child. This is especially true for the troubled child. In the family such a child naturally finds "permanent personnel," motivated by continuing devotion and interest. To be sure, there are families in which this is not so; there may even be families so constituted as to be pathogenic; but it is downright folly to let these relatively few exceptions blind us to the immense therapeutic potential of the family. Even the most dedicated institutional personnel cannot be a substitute for parents, siblings, grandparents and other permanently concerned individuals tied to the family. Even the dedicated outsider (therapist, teacher, counselor, or the like) has private needs that inhibit his connection with the child he is caring for. The "special child" makes continuous and often aggressive demands on the time, inner resources, and total life of any adults dealing with him. It is far more difficult for the outsider to meet these demands than for a member of the child's own family. The motives, much of the time, are simply not there for the outsider. The very high turnover in all institutions dealing with these children attests to this fact. I personally know of children who have had 15 to 20 counselors and 10 to 15 teachers, in addition to ever-changing psychiatrists and other doctors—all within a period of five years. These cases are by no means rare; on the contrary, they are the norm.

Most professionals in the field agree that continuity and "reinforcement" of structure are imperative if the "special child" is to make progress. The most gifted therapists admit that it sometimes takes them many months to "get to" a troubled child. Within the limits of bureaucratized institutions—agencies, treatment centers, special schools—there are, indeed, serious efforts to create structures that provide the requisite intensity and continuity of personal contact with these children. But the very nature of these institutions typically

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frustrates such efforts. Yet, there exists one structure in which both intensity and continuity are naturally given. That structure is the family. It is therefore only reasonable to suggest that the therapeutic potential of this structure be strengthened rather than weakened by public policy. Whatever else is done, for most children the central therapeutic unit is and will continue to be their own family.

Let me return once again to the class factor in this situation. We have already mentioned those cases, invariably involving upper-middle-class individuals, where parents effectively took over the "management" of their own troubled children, often in defiance of various professionals and bureaucrats. It ought to be a matter of urgent public concern that similar postures become possible for parents who are poor and under-educated. If they lack the material resources for this, public policy should assist them in getting such resources; just as important, if they lack "the words" to defend themselves and their children against helpless dependence on the professional-bureaucratic complex, public policy should teach them such "words."

The class factor is all the more pressing because studies show that working-class families have a higher rate of all kinds of mental disabilities, apparently including "learning disability." These rates are highest among black families in the inner city (a fact undoubtedly related to the particular pressures of this social milieu). Since these families already live under very precarious conditions, the additional burden imposed on them by the presence of troubled children is often just enough to precipitate disaster.

A general sociological observation is in order here: The family has generally been "battered" in our society, with public policy (typically the product of professionals and bureaucrats) tending to take children away from the family, and to decrease the family's authority and independence. This tendency has been particularly severe in its impact on the working class, and particularly on blacks and other racial minorities. This tendency constitutes a social catastrophe. The family is one of the few really viable institutions left in our society —in *all* classes and ethnic groups—and public policies that tend to undermine it are exercises in societal suicide.

What is needed, therefore, is a broad redirection of public policy to work with the family rather than against it. It means a "devolution" of resources and authority from professional-bureaucratic complexes to the natural units in which human beings live. Needless to say, this will not always be possible. It *will* be possible in many more cases than is generally imagined now. The problem of the "special child" is clearly one of these cases.

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A new policy

The policy implications of the foregoing analysis are far-reaching, but they are also simple. This is not the place to spell them out in "operational" detail. I shall limit myself here to presenting a broad outline.[3]

1. *The functions of the professionals should be, as far as possible, restructured to offer support to the family—which is to be recognized as the central therapeutic unit.* The new policy envisaged here would in no way be anti-professional—no matter whether the profession in question is medical, psychological, social-work, or educational. But the professional thrust would be redirected, wherever feasible, to give support to the family, as against the present tendency to circumvent or even shut out the family. The policy would not infringe on the independence or authority of the various "helping professions"; on the contrary, by freeing them of many of the current bureaucratic restraints, it would give them added opportunity to exercise their particular skills.

2. *Public policy should foster the establishment of comprehensive diagnostic centers.* Much of the present misery of parents of "special children" derives from the endless trek from one specialist to another. Throughout the country there are very few centers to which parents can go without being caught in the jurisdictional disputes between the various medical and psychological specialties. This part of the policy is properly in the area of public health, and is hardly an original proposition, but it ought to be mentioned here, since without it any new policy in this field will be severely hampered.

3. *With proper professional support, and with diagnostic facilities available, the family should be directly enabled to realize its therapeutic potential.* While the family as a whole ideally should be utilized as a "therapeutic environment," there will always be one individual within the family who is the central figure in relation to the child. I suspect that in most cases this will be the mother, although it need not be so invariably. There are instances where this central figure will be the father, a grandparent, an older sibling, or even someone else from the community (friend, neighbor, or perhaps a "substitute grandparent") not related to the family. It would be the task of the professional support service to identify this individual, who then is to be recognized and treated as "the therapist in charge."

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[3] The author, together with Mira Rothenberg of Blueberry Inc. and Luitgard Wundheiler of Long Island University, is presently sponsoring a pilot project for a pre-school family program—based upon the considerations outlined in this article—in the Williamsburg/Greenpoint community of Brooklyn.

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It is this individual who will need the most intensive professional support.[4]

4. Finally, *the individual who performs the role of "therapist in charge" would be given training by the supporting professionals.* In this way, as the program continues, a body of para-professionals would be constituted, which would eventually be useful in dealing with other children. Care would be taken that every particular program be developed in close contact with indigenous community groups and organizations. To some extent, an effort would be made to get the community to become a "therapeutic environment" for the families involved in the program. (Churches are likely to be the most important community groups to involve.) Such an effort could succeed only within narrow limits, but much would already be gained by having the program enjoy a climate of broad community support. This would be of special importance in black communities.

Now is an auspicious moment to try out new policy approaches to the problem of the "special child." The problem is bursting into public consciousness and is generating political pressures waiting to be translated into policies. Just as important, the problem has not yet been fully and finally institutionalized. The different bureaucratic empires are still engaged in unresolved jurisdictional disputes and, in many parts of the field, bureaucratization is just beginning. This means that lines are still shifting and vested interests have not yet hardened into monolithic institutions. We are right now in a potentially creative interval between the discovery of a social problem and its institutional petrification, and we should take advantage of the opportunity it offers.

[4] This individual should be paid. Such payment will have a double function. First, and perhaps most basically, it is a recognition that this individual is in fact carrying out an important function, which falls within the duties of society as we have come to understand them. Second, payment will compensate the individual for loss of income. In working-class families the loss of income to a mother who decides to stay home in order to take care of her "special child" is often economically disastrous. It should be public policy to enable working mothers (or other individuals in the family) to make such a decision without incurring financial ruin.

It is easy to imagine that this recommendation will provoke the strongest resistance. There exists today an unholy alliance between right-wing hostility to the poor and liberal credulity in professional experts. It is the same odd ideological alliance that coerces welfare mothers (especially in the black community) to work while surrendering their children to day care centers. It will take some persuasion to overcome this resistance. Perhaps liberals can be convinced, by their black friends if by no one else, that poor people can be trusted with their own children more than bureaucratized experts. And perhaps conservatives can be made to see that the kind of program suggested here would inevitably end up saving the taxpayer money—even if one assumes a high incidence of predatory motives among parents participating in such a program, the costs would still be smaller than those consumed by more bureaucratic programs.

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Should every job support a family?

CAROLYN SHAW BELL

ECONOMISTS concerned with aggregate employment have never considered it part of their task to explain why a job is thought to be a good thing for the individual worker. That it provides income has been regarded as sufficient justification. But there is a basic ambiguity here: Should work yield enough income for the worker to be individually independent or enough to maintain the worker's family? Does the worker get paid as an individual or as the supporter of a household? Should the worker be viewed primarily as a particular human being or as the breadwinner for a family?

Work as an activity is a function of individual behavior, and a matter of individual effort. We speak of work using the singular and not the plural—we say *your* job, *my* position, *his* appointment. Each of us does a job or performs a task as a single human being. We may share an office or a research team or use common machinery in our chores, but our *work* is a matter of individual energy. Everyone who works in paid employment, therefore, gets paid for what he or she does.

But most workers share their wages with other people who don't work for money wages, because most people who earn income live within familes who help to spend the worker's wages. Work itself

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may represent the efforts and activity of a single person, but the earnings *from* work usually support a group of people. As a consequence, income has two standards of measurement. One refers to an individual worker—the amount a job pays. The other refers to the household where the individual worker lives—the amount needed to provide that household a given standard of living.

Until we learn to disentangle these two kinds of measurement, we shall be unable to solve some serious problems of income distribution which confront us. Tax policy, income maintenance schemes, welfare reform, minimum wage policy, and pension benefit issues all force us to confront the confusion between earnings as a *reward to the worker* and earnings as *income to the family*. The failure to distinguish between individual and household takes on critical importance in the midst of widespread unemployment. If we are to design employment policies to alleviate the current disastrous situation or to bring about structural reform in the economy, we must become clearer about whether we expect income to reward an individual or to support a family.

Consider the following analysis of employment policy by Bennet Harrison, Harold L. Sheppard, and William J. Spring:

> The labor market still does not provide an exit from the American underclass. In 1970, there were still over 11 million who worked 35-40 hour weeks—many of them year round—but who were officially "poor." The number of full-time, *year-round* workers whose wages fell below the Bureau of Labor Statistics' Recommended Lower Level Budget for an Urban Family of Four Persons ($7,000 in 1970) was 10.9 million—30 per cent of the full-time, year-round labor force.

Here we have a confusion between the wages earned by an individual and the income level for a four-person family. It is true that millions of full-time, year-round workers earn less, in a year, than the estimated sum on which a four-person family can live decently. But it is also true that many of these workers live in families with other income-earners, and many others live alone. The authors give no analysis of the dynamics of family formation, nor indeed any definition of a family. But they nevertheless define the extent of poverty by judging wages for an *individual* in terms of income for a *family*.

Measures of poverty

It is important first to understand our measures of poverty and affluence. The Bureau of Labor Statistics (BLS) calculates three

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hypothetical budgets, based on assumptions about how people live at a moderate standard, a lower level, and a higher one. Within these budgets, the consumption items include food, clothing, household furnishings, personal care services, and the like, based on the actual choices of American families. These lists do not represent what somebody thinks people "ought" to have, nor what a subsistence budget "must" contain. Nor do the budgets, being lists of goods and services, represent the actual money expenditures of consumers. But they do permit the Bureau to price, at different periods of time and in different areas of the country, detailed descriptions of these three standards of living.

The *total* budgets include, aside from the consumption items, allowances for personal gifts, charitable contributions, working expenses like union dues or professional membership fees, and taxes. At the lower-level budget, social security taxes represent a major outlay; at the higher level, personal income taxes account for a sizeable share of the budget. In BLS language, the primary estimates are prepared for "a precisely defined urban family of four: a 38-year-old husband employed full time, his nonworking wife, a boy of 13, and a girl of eight. After about 15 years of married life, the family is well established, and the husband is an experienced worker. The family has, for each budget level, average inventories of clothing, house furnishings, major durables, and other equipment." The estimates have been adjusted for families of different sizes and with other characteristics; budgets have also been calculated for single consumers.

As of autumn 1973, the BLS reported that the country-wide average cost of the budget for the four-person family amounted to $12,626 at the intermediate level, with the lower-cost budget coming to $8,181, and the higher-cost to $18,201. (Allowance for increased prices and taxes since that time would push these figures up by at least 15 per cent.) The consumption portion of these budgets, taken alone, amounted to $6,580 at the lower level, $9,761 at the moderate standard, and $13,450 at the higher level. In comparison, consumption purchases by a single consumer would have totaled $2,300 at the lower level, $3,420 at the intermediate, and $4,710 at the higher level.

None of these budgets, or the dollar figures that result, have anything to do with a calculation of subsistence or poverty levels. The income that represents "poverty," at least for purposes of government policy making, is calculated according to totally different and more complex methods: As of 1973, the poverty-level income for a

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family of four was $4,550. This figure, however, has been used to argue that the level of unemployment benefits is inadequate. In a statement submitted to the House Committee on Ways and Means, Andrew J. Biemiller argued as follows:

> The benefit standard proposed in H.R. 8600 should be revised to permit the nation's unemployment compensation system to meet the economic hardship inflicted upon jobless workers and their families. . . . The maximum weekly benefit payable under the majority of state programs—36 states—is below the poverty level of income. The Department of Labor poverty income level for a nonfarm four-member family . . . is equivalent to $82.69 weekly. In these 36 states, every jobless worker, regardless of his or her former weekly wage, cannot receive entitlement to a weekly basic benefit payment that will provide even a poverty level of income.

Such reasoning assumes that unemployment benefits to the individual are needed to maintain *family* income, which implies that if one person loses his job then one family loses its total income. But this is not necessarily so: In 1973 only two out of five families depended on a single earner. Biemiller's statement further assumes that the level of compensation should be calculated to meet family needs rather than merely to replace earnings, and this confuses the goal of income maintenance with that of insurance against loss.

If unemployment benefits come from an insurance scheme, then it is the worker and the worker's wage that are insured. To expect *unemployment* insurance to provide *income* insurance requires a deliberate commitment on the part of employers as well as employees to support the families of the workers. What then happens to the concept of payment for the job?

The notion that families depend on *one* worker, one source of earnings, also characterizes our pension schemes. Social Security is tied to wages, since it is financed by a tax on payrolls, and Byron Johnson writes: "Clearly, it will require the virtually universal coverage of the social security program to assure a minimum standard of decency to every worker and his dependents as retirement is reached." Again, the tacit assumption is that families depend on a single worker—that other people live off his earnings, and, therefore, off his retirement benefits. Furthermore, it is assumed that disability or retirement payments should be calculated not according to the earnings they replace, but according to the family income needed.

As with pensions and unemployment insurance, so with minimum wages. During 1973 Congressional hearings on the revision of minimum wage legislation, much testimony was given to show that the

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existing minimum worked out to less than "the poverty-level income." A typical statement argued: "One could hardly call a minimum wage of $2.20 per hour inflationary. The annual wage that would produce barely reaches the poverty level." The speaker clearly means the poverty-level income calculated for a family of four, although he doesn't say so. He takes it for granted that the individual's earnings should provide enough income to support a family.

Finally, Andrew Billingsley, the only speaker who was forthright about the link between individual workers and family living testified at the same Congressional hearings: "What is needed is . . . a minimum wage which assures that one wage earner can support a family of four at the minimum necessary for safety, health, and decency." None of these critics—or any others—of a low minimum wage suggest that there may be other alternatives to the link they make between individual earnings and family income.

Varieties of American families

In fact, we must find alternatives, because in today's economy individual earnings cannot be determined by looking at family needs. Suppose we do adopt the BLS lower-level budget—not the moderate standard of living, but the one that just covers safety, health, and decency. What wages would yield an adequate income for a family of four? By today's prices, the figure would be about $4.50 an hour. But to require this sum as the minimum wage (and it would, of course, apply to all workers) would mean to abandon any notion that wages reflect productivity or the market value of output. We could no longer speak of the earnings *from* work. But even so, the new minimum wage would fail to provide a decent income for workers' families.

In the first place, families come in all sizes. A wage adequate to support a four-person family falls short of providing the basics to a couple with six children. In the past decade a new group of poor people have been identified—"the working poor." Unlike the unemployed, the disabled, or the elderly, these people have jobs and earn regular wages. But the income they bring home doesn't cover the needs of their families. In some cases this reflects very low or even substandard wages; in most cases it's a problem of too large families. An income of $10,000 a year can mean comfortable living to the single man or woman. The same amount calls for scrimping by young adults who are new parents, and spells poverty to the husband who must support a wife and five young children. It fol-

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lows that no specific wage can be calculated that, when paid to individual earners, will provide the same standard of living to families of different sizes.

Second, most families contain more than one worker, so that one person's wages don't provide the entire family income. Of the 55 million families in this country, only 20 million depend on one earner. (About one in 10 of these are women.) Of all the families with earned income, over 10 per cent contain three workers, and there are more than two million families where four people contribute their wages. Over half the married couples with earned income consist of a working wife and a working husband. If wages were set so that one individual's earnings would support a family at some appropriate level, that income would be exceeded in all these multi-earner families.

Third, the "typical" American family consisting of a father, a mother, and two children is hardly typical. Only six million of the 55 million American families fit this description. And even among these, the picture of a working husband and father as the sole breadwinner, with the mother at home caring for the family, is grossly inaccurate. Of all women with children, 43 per cent are now in the labor force, and one third of the mothers of young children under six hold jobs. As of 1974, parents with only one child outnumber those with two, although many of the one-child families will add one or more children in the future. But the type of family that is increasing most rapidly consists of a woman and her children, with no husband or father present. There are already over four million of these. Also growing in number are childless couples, now totaling 20 million. One out of five of these homes contains another adult besides husband and wife.

Which kind of family is most useful for determining the amount of income needed? The data give no answer, but we may be skeptical of any policy that suggests tying wages, or unemployment benefits, or pension payments, or any other income payments for an individual to the needs or wants of one kind of family.

Finally, what standard of living *can* most workers buy with the wages they are now earning? If we use BLS budgets for single consumers, we find that most workers earn well over the lowest amount calculated. In fact, three out of four get wages exceeding the upper-level budget. But if we measure actual earnings against the budgets for *families*, the situation looks dramatically different. We have figures on actual incomes received by four-person families, which we can compare to the four-person budget levels. About half

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received income below the moderate level, and only one worker in 10 earned enough income to support the high-cost level of living.

If we take these budgets to represent a customary standard of living, then most workers earn enough to support themselves, as individuals, in greater comfort than the moderate level specified, but few workers earn enough to maintain a family even in moderate circumstances. Families, in other words, are a drain on income.

Income structure and family structure

The relation between earned wages and family support appears to be an important question for social policy decisions. Do we wish to aim at an employment goal that encompasses, for each individual worker, wages that suffice to provide a living for that worker's family? Or do we want the amount of wages to reflect the amount of work and the kind of job performed, leaving up to the individual the question of whom the wage-earner supports? If we take the maintenance of the family as a major social goal, do we replace the concept of the individual worker with the notion of the breadwinner? Does the individual "need" to work for the psychological benefits work brings or does the individual "need" to work as a means of providing income to a family? Shall we as a society ensure that individual jobs and earnings support the families that people want to have, or do we want to declare marriage and the family to be strictly a matter of individual choice and responsibility?

If we consider marriage and the family a matter of individual choice, we can recognize it as a consumer's purchase decision, like buying a house or a hi-fi or a college education. In the United States today consumers are offered two principal models of marriage and the family. One entails an employed worker supporting a dependent adult—usually female—who cares for the household and the home life of the family, rather than earning income in outside employment. The other consists of two adults who pool their earned incomes to care for the household and the home life of the family, and who may also support one or more dependents—usually children.

As a people we have not seen any need to choose between these models or to opt for both. Nor have we decided whether existing families represent a social responsibility for all of us to share, or whether marriage and the family concern only the individuals involved and their choices about how to use their incomes. Our laws about taxes, educational grants and loans, minimum wages, and welfare programs have different economic impacts on individuals

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and their choices about families. Some of these measures favor one family model, some another. Some programs help maintain families, and others help disrupt them. It is time to look over what we have done and to try to consider rationally the economic basis of family or household living.

In 1975, the issues of unemployment policy and welfare reform will require us to answer this basic question of how the economic resources to support marriage and the family should be provided. Consider first our response to rising unemployment as a result of the depression. We are now providing Public Service Employment, and there may be other forms of work relief. Congress has funded in mid-1975, under the Comprehensive Employment and Training Act, almost a million jobs paying between $7,000 and $10,000 a year. These salaries are, of course, well above the minimum wage; the higher figure would yield an income approaching the BLS moderate-level budget for a family of four. But if the same funds were used to pay wages that covered the same cost of living for an *individual,* obviously more people could have jobs. Even one million jobs doesn't look like much against unemployment figures of 7.5 million men and women out of work plus almost one million who've quit looking for work, discouraged at their inability to find jobs. A policy of promoting *full* employment, instead of merely reducing unemployment, has not been accepted because we cling to the notion that every job, and perhaps especially those created by the federal government, should pay enough to support a family.

Experience with an earlier program of public service jobs, the Emergency Employment Act of 1971, gives some clues about what will probably happen. Under that program, when local officials designated the jobs to be financed, they were in effect also selecting the jobholders. A given sum of federal funds could be used to hire professionals—lab technicians in a new program of pollution control, for example, or counselors in a drug outreach program—or to hire many more unskilled workers—cleaners in hospitals or food-servers in public institutions. Choosing jobs for a public service employment program means providing work to some but shutting out other people from employment. What criteria should be used and will be used to provide jobs?

Inevitably, the "needs" of the community being served will conflict with the "needs" of the unemployed. The law may specify that preference be given to veterans, or to those out of work for the longest time, but local administrators will be on totally safe grounds if they specify jobs that can be awarded to those who "need" the work—

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and the income—the most. The neediest will be those with families to support. Public service employment will then be not a program to create jobs for people out of work, but a welfare program to support families without incomes.

During the Great Depression, repressive laws were passed forbidding women to hold jobs if men applied for them. It is hardly likely we will do anything like that now. Indeed, it is partly because so many women work that unemployment today has not had the impact it had in the Great Depression. Interviews with men out of work turn up comments such as, "It's not so bad as it would be if the wife weren't working," and "With what my wife earns, plus unemployment benefits, we'll get along for a while." Despite this revolutionary change, federal policy and local government choices favor supporting the family, rather than rewarding the worker.

Disentangling the problem

We should recognize that there are two distinct problems: creating jobs and maintaining incomes. We could handle them separately, but all evidence suggests that legislation will tie the two together. If we design employment programs assuming that every jobholder must support a family, the consequence will be less than full employment. We will allocate jobs among the unemployed not according to who is the best worker but by determining whose family needs income most. We will make decisions to deny jobs to workers whose families have other means of support, and the multi-earner family will become less common.

And new and difficult questions will inevitably arise, such as the question of efficiency. If you get paid because you're the family breadwinner, what difference does it make what kind of job you do? Why should you work harder than you have to? Why strive to get ahead? Other questions will raise the problem of family size. If the worker gets paid because he's got a family to support, do we legislate wage levels to support all families, no matter how big? Do we decide in consequence that having children is no longer strictly an individual, personal decision? And then how do we arrive at an appropriate national population and family policy?

These questions have been evaded in designing the existing legislation on minimum wages, tax exemptions, pension payments, and the like. But they are beginning to surface in the discussion of welfare reform. One bill introduced at the close of the last Congressional session, the culmination of a voluminous two-year study of public

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welfare carried out by former Representative Martha Griffiths and her subcommittee of the Joint Economic Committee of Congress, represents the first new attempt to deal with the problem of individual earners and dependent families. It recognizes that the level of family income cannot be related simply to the wages earned by an individual worker, and it includes a system of cash allowances that would be *lower* than the poverty-level income for a family, while encouraging additions to these earnings by one *or several* family members. To quote from the Griffiths proposal:

> Benefit amounts are not designed to provide "adequate" levels of living for several reasons. First, comparatively few families have no income or income-producing opportunities. Even in today's slack job market many low-wage jobs are available that, in combination with benefits, yield more nearly adequate total incomes. The program is designed to build on private enterprise [to] fit the vast majority of cases rather than being stretched to provide adequate benefits for the worst possible cases of destitution. . . .

The report also recognizes that "there are two sets of circumstances that require special consideration: two-earner families and one-parent families headed by a worker." The bill provides for special treatment for these families so that workers will continue to contribute to family maintenance.

Welfare reform may force us to look at the link between family income and individual earnings in an effort to maintain the work ethic. If we are to succeed in designing a better system we shall have to become clearer about answers to that basic question of family economics—who does and should support a home and children?

We should decide whether parents have the right to ask society to share the economic burdens of child raising, or whether having children is a matter of personal responsibility. We should decide whether children have a right to ask society rather than their parents for economic support. We should define the time when children no longer have the right to depend on others, but must be recognized as adults responsible for their own economic self-sufficiency. We should redefine the economic functions of families, and recognize the contributions of all family members to income and home maintenance, instead of perceiving only a husband's earned income and a wife's dependency. We should decide whether, for the purposes of social policy or even economic policy, we will take the welfare of the individual or the well-being of the family as the criterion for establishing goals. At the very least, we should guard against the confusion between the two which has so often prevailed.

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The New Political Theory

MARC F. PLATTNER

DURING most of the post-war period, the status of political theory within the philosophy departments of American universities could hardly have been lower. These departments have been dominated by a school of thought which has inherited from positivism the belief that the natural sciences provide *the* model of knowledge, and that mathematics and (mathematical) logic are the favored tools for all inquiry. Given these methodological predilections, political philosophy fell into a condition of relative neglect. In fact, there was a widespread belief that all substantive social and political theory was dead. As a result, the work that was being done in academic departments of philosophy was virtually ignored by those who were seriously concerned with substantive social and political issues, and vice versa.

A striking indication of the unpolitical character of academic philosophy could be seen in its rather quiescent reaction to the political turmoil that swept American campuses in the late 1960's. Even those few "professional philosophers" who became active radicals tended not to let their passionate political concerns influence in any way their academic efforts. In fact, the only American professor of philosophy whose *philosophic* writings had any influence on the political events of the 1960's was Herbert Marcuse, who came from a Continental tradition that was contemptuous of—and regarded with contempt by—the dominant Anglo-American philosophic school.

In the last few years, however, there have appeared unmistakeable signs of a change in the relationship between academic philosophy and social and political thought. The most prominent of these signs is the stir created by John Rawls' book *A Theory of Justice,* published in 1971 while Rawls was chairman of the philosophy department at Harvard. This work, an ambitious attempt to define the principles of justice and to set forth the requirements of a good society, received incredibly lavish praise from distinguished professors of philosophy. But the impact of *A Theory of Justice* extended far beyond academic departments of philosophy. It was prominently reviewed in the nation's most important intellectual journals. Ref-

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erences to it turned up even in *Time* magazine. But more important, it was taken very seriously by policy-oriented social scientists and others whose primary concern is with political questions.

Since the appearance of Rawls' book, there has been a continuing rise both in the prestige of political theory among academic philosophers and in the willingness of outsiders to grant this work a respectful hearing. Last year the *New York Times Magazine* published an article by Peter Singer which not only heralded the revival of political philosophy but even suggested that professors of philosophy be regularly consulted in public debates on moral issues, where their methods could "help to resolve practical dilemmas." But perhaps the most striking evidence of the new respectability of academic political philosophy is the reception that has been accorded *Anarchy, State, and Utopia* (Basic Books, $12.95), a new book by another Harvard philosophy professor, Robert Nozick.

Anarchy, State, and Utopia has not yet been showered with quite as much attention or praise as Rawls' book received—though it has indeed been generously reviewed by the intellectual journals and has even won a National Book Award. But what makes the favorable reaction to Nozick's book so remarkable is the unorthodox political point of view that he espouses. For Robert Nozick is a libertarian, and *Anarchy, State, and Utopia* presents a spirited defense of the "minimal state," along with a withering attack on those liberals and socialists who would "forbid capitalist acts between consenting adults." Rawls, by contrast, had offered a defense of the liberal welfare state, somewhat modified in the direction of greater egalitarianism. In other words, Rawls' work supported the predominant political opinions among leading academics and intellectuals, so it was easy for some observers to be cynical about why it was so warmly received. There are no such grounds for cynicism, however, about the reaction to *Anarchy, State, and Utopia,* given its bold challenge to the fashionable anti-capitalist pieties of the day.

ROBERT NOZICK has divided his book into three parts. The first consists of an argument directed against anarchists which attempts to show that a minimal state—one "limited to the narrow functions of protection against force, theft, fraud, enforcement of contracts, and so on"—is justified. The second part is then devoted to showing that *no more extensive* a state than this can be morally justified. And the concluding section ("Utopia") makes the remarkable claim that this same minimal state "enables us to get the best of all possible worlds" (p. 332).

The crucial premise of the first part, and indeed of the book as a whole, is stated in the opening sentence of its preface: "Individuals have rights, and there are things no person or group may do to them (without violating their rights)." Nozick does offer a few speculations about the ground of this fundamental premise, but as he himself candidly acknowledges, it is something assumed rather than established (p. 9). (Though he explicitly follows the teaching of Locke to a considerable extent, it is noteworthy that he never speaks

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of *natural* rights.) The bundle of rights which all men, according to Nozick, possess may be roughly summed up as follows: No man (as long as he does not invade the rights of others) may be invaded in his person or liberty or property *without his own consent*. The italicized phrase indicates another important deviation from Locke, who held that a man could not, for example, "by his own consent enslave himself to anyone." Nozick, by contrast, explicitly recognizes the right of a man to sell himself into slavery (p. 331). In short, Nozick not only seems to deny that rights are natural, but also denies that they are inalienable. In fact, his "nonpaternalistic" (p. 58) view of rights boils down to this: No man can morally be prohibited from doing anything he wants to unless it involves a direct violation of or threat to someone else's rights.

Nozick believes that the task of justifying the minimal state against anarchist objections can be accomplished by showing that such a state may arise from a situation of anarchy without violating anyone's rights. The initial situation of anarchy from which he begins is explicitly based upon Locke's state of nature, and acknowledges all the "inconveniences" that Locke found in such a situation. But Nozick refuses to accept Locke's "remedy" for these inconveniences—a civil government established on the basis of a social contract. Instead, he provides what he calls an "invisible-hand" explanation of the origin of the state—i.e., one in which a state arises without anyone actually having the objective of establishing it.

This "invisible-hand" explanation (which features entrepreneurs who sell "protection policies" to the inhabitants of the state of nature) is, to say the least, much more incredible than Locke's depiction of the social contract, and obviously is not meant to be a genuinely historical account. It encompasses a bewildering assortment of assumptions. At certain stages it assumes that people will routinely violate others' rights. At other stages it supposes that people will act with remarkable restraint. In some places it is meant to describe what would happen; in other places it is meant to describe only what *should* (if people act morally) happen. Because this explanation is so convoluted and laborious, the first part of *Anarchy, State, and Utopia* makes for difficult—and often tedious—reading.

Now, why does Nozick go to such lengths to provide this purely hypothetical invisible-hand explanation—as opposed to a contract explanation—of the origin of the state? Surprisingly, that is not such an easy question to answer. He does indeed have some words of high praise for the genre of invisible-hand explanations: They have "a certain lovely quality," are "specially satisfying," "yield greater understanding," and are "more satisfying" (pp. 18, 19) than explanations that account for phenomena on the basis of people's intentions. Perhaps I simply lack the professional philosopher's lofty appreciation of the aesthetic quality of certain kinds of arguments, but all this fails to convince that an extremely complicated and utterly implausible account of something should be preferred to a relatively simple and straightforward one.

Of course, the reason for Nozick's presenting the invisible-hand

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explanation would be obvious enough if the Lockean contract explanation were shown to be morally impermissible—i.e., necessarily to violate people's rights. But Nozick never shows this. Indeed, given his principles, he cannot show it. Locke's social contract is formed by a group of men in the state of nature, each of whom "by consenting with others to make one body politic under one government, puts himself under an obligation to every one of that society to submit to the determination of the majority and to be concluded by it." Now, there is absolutely no reason why a group of men in Nozick's state of nature would not be perfectly within their rights to do the same. In fact, according to Nozick's "nonpaternalistic" version of the rights of man, they would even be able legitimately to contract themselves into total subjection to a despot. For if an individual may sell himself into slavery, why could a group of men not do the same?

It is clear, of course, why Nozick *wants* to avoid a contract teaching—a contract teaching easily lends itself to the justification of a more than minimal state. But it is not sufficient to his libertarian purpose for Nozick merely to offer an alternate derivation of the state from a state of nature. *To make good his claim that the more than minimal state cannot be justified, he would have to demonstrate that the derivation of the state by a Lockean-type contract is morally impermissible. And this he fails to do.*

INSTEAD, in the second part of his book Nozick decides to take John Rawls—and not John Locke—as his principal opponent. The primary thrust of his argument here is thus devoted to showing that the redistributive state à la Rawls violates people's rights and therefore cannot be morally justified. It is in taking on Rawls that Nozick is at his best. With considerable insight and cleverness he reveals the logically unjustified bias that is built into the "original position" (Rawls' version of the state of nature), and the morally unjustifiable disregard of individual desert that this leads to in the Rawlsian state. I would suppose that it is this impressive demolition of the heart of Rawls' argument that principally accounts for the respectful attention that Nozick's book has received among those who are wholly out of sympathy with his political views.

In countering Rawls, Nozick puts forth his own theory of distributive justice, which he labels "the entitlement theory." This asserts "simply that a distribution [of goods in any society] is just if everyone is entitled to the holdings they [sic] possess under the distribution" (p. 151). And whether someone is entitled to the holdings he possesses is determined by whether he has obtained them without either of two prior principles of justice having been violated: 1) the principle which specifies how unheld things may be originally acquired, and 2) the principle which specifies how already held things may be transferred from one person to another. Nozick excuses himself from the task of filling in the "details" (p. 153) of these principles (i.e., saying what they are), though he does briefly discuss Locke's principle of original acquisition.

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At first sight, this emphasis on entitlement appears to be a sensible corrective to views like Rawls' which totally sever all moral connection between ability or effort and reward. That is, Nozick rehabilitates the traditional and eminently reasonable view that the man who works harder or produces things of greater value is entitled to the superior rewards that he thereby earns. But Nozick wants not merely to restore this view to its rightful place among the principles of distributive justice, but to absolutize it, to make it the *only* valid principle of distributive justice. According to him, the man who has rigorously adhered to just procedures in amassing his holdings can with complete justice refuse to heed any and all claims that he surrender a single penny of his wealth. His right to the holdings he has amassed is total—unmitigated by any considerations of charity, fraternity, civic obligation, gratitude, or humanity.

In order to support this extremely narrow and one-sided conception of justice, Nozick must make a case for the existence of some sort of absolute right to property. This is another reason why he is forced to deviate from the social contract teaching of Locke. Locke had indeed gone farther than any previous political philosopher in arguing for the existence of a natural right to property—i.e., a right to property that could be firmly established apart from all positive laws. But even Locke did not attempt to maintain that this natural right to property could be preserved in undiluted fashion within the context of civil society. In agreeing to the Lockean social contract, men necessarily agree to allow their right to property to be regulated by the positive laws of the commonwealth.

Nozick is led to reject the contract teaching because he wants every man living in his minimal state to be what Locke says a man can be only so long as he remains in the state of nature—namely, "absolute lord of his own person and possessions." In other words, Nozick wants the "natural" right to property (i.e., the right to property that obtains in the state of nature) to maintain its full force within civil society. I believe that the case for such an absolute "natural" right to property is simply untenable, and that if Nozick ever does attempt to fill in the "details" of his principles of justice in acquisition and in transfer this will eventually become clear to him. But in any case, some of the difficulties to which his position leads are indicated by a third principle of justice in holdings which he finds himself compelled to add to his original two. This is the principle of rectification, which specifies what is to be done to set right violations of the other two principles—i.e., unjust original acquisitions or transfers.

What this third principle means is that no property is justly held if the holding of it in any way was made possible by past injustices. But given the lamentable frequency of injustice in the course of human history, one wonders if *any* current holdings could be pronounced just in the face of a stringent application of this principle. Is there, for example, any habitable land on the face of the earth whose "rightful" owners were not at some time or other unjustly deprived of it? The difficulty becomes even greater if one grants

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Nozick's view that a more than minimal state is unjust; for this would mean that all tax monies spent by governments in pursuit of more than minimal ends are unjustly transferred. And this would presumably mean, in turn, that most government employees, the recipients of governmental transfer payments, those who are employed by government contractors, etc., would have obtained their holdings unjustly. And then those from whom these people purchased goods and services would also be receiving tainted money.

Intractable problems of this sort must inevitably confront anyone who defends an absolute right to property or who attempts to make a non-conventional right to property fully effective within civil society. Such considerations also reveal that Nozick's theory, despite its apparent support for capitalist and free market principles, is anything but conservative in its political implications. Indeed, one can safely say that the application of Nozick's principle of rectification (if it could ever be figured out) to the distribution of property in American society would both lead to more government action and have much more revolutionary effects than a similar application of Rawls' "difference principle."[1]

The fact that Nozick could unblushingly urge the adoption of something so totally impractical as the principle of rectification indicates the highly doctrinaire character of his thought. Indeed, it is only someone of a doctrinaire and unpolitical cast of mind who could take seriously the minimal state as he presents it. Nozick believes that he will have overcome the "most weighty and influential" (p. 149) justifications that have been offered for a more extensive state if he can refute the arguments of some 19th and 20th century left-wing opponents of free market societies. As a result, he never even discusses the most obvious sorts of objections to the minimal state that would be raised by an ordinary politician or citizen. Who will build roads and highways? Will dangerous drugs (e.g., heroin) be totally unregulated? Will they be available to children too? Will parents have unlimited rights to treat their children as they wish? To let them remain illiterate? To rent them to those whose sexual tastes they might gratify? To refuse them medical care? Must all public health measures be abandoned? Can government aid not be provided to an area hit by a natural disaster? Until he has addressed questions of this kind, Nozick can hardly claim to have disposed of the case for a more than minimal state.

INSTEAD of confronting such obvious questions, Nozick has chosen to conclude his book by arguing that the minimal state is not merely "the only morally tolerable one . . . [but] the one that best realizes the utopian aspirations of untold dreamers and visionaries" (p. 333). Nozick does not claim that the minimal state is a utopia

[1] Rawls "difference principle" requires the institution of that distribution of wealth and income which maximizes the financial position of the least advantaged. But since differential incentives for the sake of productivity may result in greater wealth for all, the "difference principle" may yield a relatively unequal distribution.

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in the usual sense of the word; rather it is a "meta-utopia" or "framework for utopias," which grants individuals the freedom to establish within it whatever kinds of communities they wish. One reason why this sort of set-up is to be preferred to any particular vision of utopia is because it more adequately takes into account the complexity and diversity of human beings.

Nozick seems to envisage his "meta-utopia" as an agglomeration of vastly divergent sorts of communities—socialist, capitalist, religious, etc., etc.—flourishing side by side under the auspices of the minimal state. He does not seem to have considered whether communities that share so little in the way of common values would cohere sufficiently to form any kind of state at all. But let us leave this problem aside, and turn instead to the question of whether the minimal state really would generate the degree of diversity that Nozick apparently expects. His assumption seems to be that since the minimal state provides the greatest freedom, it would tend to nourish the greatest variety of human types. But in fact, the "free society" is not simply neutral in regard to the way of life of its members. One needn't be a Marxist to recognize that a society that equally allows all individuals freely to acquire, possess, and dispose of property is inevitably a capitalist society, and tends to produce one predominant kind of man—the bourgeois. (It is not likely, for instance, to produce many monks or warriors or saints.) A reading of Tocqueville's *Democracy in America* suffices to show how a society founded upon freedom and equality will foster the existence of certain human types and effectively rule out the existence of others. Especially pertinent in this context is Tocqueville's demonstration of how the abolition of the law of entail (which restricts the free disposal of landed estates) dooms the aristocratic sense of family, and hence the aristocratic type of man, to extinction. Clearly, the aristocrat would not spring back to life in Nozick's minimal state.

To be sure, none of the above considerations detract from the possibility that the "free society" is also the best society. But they do point to the need for a more sober and careful weighing of both its advantages and its possible disadvantages. It will not do simply to claim that the minimal state is best because it embraces or leaves room for all other possibilities. As Nozick himself asserts elsewhere: "That it is impossible simultaneously and continually to realize all social and political goods is a regrettable fact about the human condition . . ." (p. 297). One's understanding of the character of the free society will necessarily be impoverished unless one has a sense —as Tocqueville did—of what it may lack.

THE lengthiest and most important argument by which Nozick attempts to establish the utopian claims of the minimal state involves the use of a rather fanciful model for generating a utopia. Because it is so revealing both of the character of Nozick's thought and of the style of much of his argumentation, I quote from it at length:

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> Our subject here . . . is the best of all possible worlds. For whom? The best of all possible worlds for me will not be that for you. The world, of all those I can imagine, which I would most prefer to live in, will not be precisely the one you would choose. Utopia, though, must be, in some restricted sense, the best for all of us; the best world imaginable, for each of us. In what sense can this be?
>
> Imagine a possible world in which to live; this world need not contain everyone else now alive, and it may contain beings who have never actually lived. Every rational creature in this world you have imagined will have the same rights of imagining a possible world for himself to live in (in which all other rational inhabitants have the same imagining rights, and so on) as you have. The other inhabitants of the world you have imagined may choose to stay in the world which has been created for them (they have been created for) or they may choose to leave it and inhabit a world of their own imagining. If they choose to leave your world and live in another, your world is without them. You may choose to abandon your imagined world, now without its emigrants. This process goes on; worlds are created, people leave them, create new worlds, and so on.
>
> Will the process go on indefinitely? Are all such worlds ephemeral or are there some stable worlds in which all of the original population will choose to remain? If this process does result in some stable worlds, what interesting general conditions does each of them satisfy? (pp. 298-99)

Of course, in this kind of situation, "stable worlds" could come about only through the making of concessions and bargaining. So Nozick can apply an economic-style analysis, which eventually leads to the conclusion that the "stable world" of the model, when projected onto the actual world, will be Nozick's "framework for utopias" (i.e., the minimal state).

The first thing to observe about this model is that the individual imagines not the world that he thinks would in some sense be the best for human beings (which, after all, is how utopia is generally understood), but the world in which he himself would prefer to live. These two procedures obviously need not be identical: The former is necessarily philanthropic; the latter may be utterly selfish. (For example, Nozick assumes that some people will initially choose a "utopia" in which they are absolute monarchs.) But because all those involved are granted equal rights of free choice, each individual is forced to moderate his selfishness to win the cooperation of others, and thus—assuming everyone's rights are scrupulously respected—an "optimal" situation emerges.

This line of reasoning, which is at the core of Nozick's whole approach, is based on the assumption that the wants or preferences of individuals form the unquestionable starting point of political philosophy. It is not possible to make moral judgments about the intrinsic value of these wants or preferences, or to rank them in any way. Considerations of what is good or moral come into play only extrinsically, through the collision of one individual's wants with

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those of others. And the goal of politics is understood to be merely that of providing a mechanism (or "framework") for handling these collisions in such a way that *all* individuals can satisfy their wants to the greatest possible extent. The original formation of these individual wants or preferences (i.e., education in the broadest sense) is not a proper concern of the political community—or of the political philosopher. The political philosopher cannot offer any guidance about what people *should* want, about what is good for man. In short, the central issue of traditional moral philosophy—"What is the best way of life?"—must be totally severed from the questions addressed by the political philosopher, if not abandoned altogether.

It is worth noting that Nozick's view of man is essentially the same as the modern economist's view of man: The ends which a man chooses to pursue are regarded as essentially non-rational, as mere "consumer preferences," as it were. But his choice of means toward the attainment of these non-rational ends can be governed by the strictest sort of rationality—namely, economic rationality. It is this shared underlying view of human nature that permits the extensive use which Nozick makes of economic theory and allied disciplines such as game theory and decision theory. These are tools that may be very useful in maximizing the attainment of certain kinds of pre-existing ends—but they shed no light whatever on the worth of those ends themselves. They are also tools that may help a thinker to achieve great mathematical and logical subtlety—but they are perfectly compatible with, and may sometimes even tend to promote, moral and political obtuseness. For the political realm is always concerned with the worth of ends, and hence can never be reduced to the purely instrumental rationality of economics. Political man is infinitely more complex than economic man.

THOUGH the above critique is directed specifically against Nozick, it essentially applies to his apparent antagonist, John Rawls, as well. Rawls also begins with economic man: The inhabitants of his "original position" are not even permitted to know their own conception of the good, yet they are described as "free and rational persons concerned to further their own interests." Hence, game theory and decision theory can play a central role in Rawls' construction too. On the deepest level, the differences between Nozick and Rawls are not very great; in fact, the gulf between them is hardly any wider than that which separates libertarian market economists from social democratic market economists.[2]

To the extent that the grave moral and political problems that confront us today transcend the limits of economic thinking, they

[2] It should be noted that Nozick prefaces his massive refutation of Rawls with a paragraph of extravagant praise for the latter's achievement: "A *Theory of Justice* is a powerful, deep, subtle, wide-ranging, systematic work in political and moral philosophy, which has not seen its like since the writings of John Stuart Mill, if then" (p. 183). Though some might regard this as little more than deference to a distinguished colleague, I believe it points to the fundamental area of agreement between Rawls and Nozick to which I refer.

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are also beyond the scope of the new "political philosophy" represented by Rawls and Nozick. It is revealing that neither Rawls nor Nozick indicates anywhere that he is writing in a time of crisis, when the essentially liberal values that both support are being subjected to a growing assault. The question about which both of them are most passionately concerned is the distribution of income and wealth, and while this is, to be sure, an important issue, it has but little relation to the drastic decline in legitimacy that has befallen all our leading social and political institutions. About this crisis, game theory, decision theory, and economic analysis can tell us next to nothing.

Of course, it is not necessarily incumbent on the political philosopher to address the issues of the moment. After all, political philosophy has traditionally been understood as dealing with timeless questions. But the great political philosophers of the past have all been men with a far-ranging knowledge of history and of politics. The same cannot be said of Robert Nozick. *Anarchy, State, and Utopia* reads like the work of a talented logician who suddenly became interested in political philosophy and decided to write a book about it. Nor does Nozick give evidence of knowing very much about the great works of political theory. Though he relies heavily on Locke, he does not make a single reference to Hobbes or to Rousseau's *Discourse on Inequality* (which contains what is probably the most powerful critique ever made of Locke's state of nature).

It is certainly an encouraging sign that academic philosophers have begun to take political philosophy seriously again. The eagerness with which the wider public has received the books of Rawls and Nozick indicates that there is a continuing hunger for the serious discussion of moral and political principles. Unfortunately, though, the fledgling efforts of the new political theorists are incapable of satisfying that hunger in any lasting way. Perhaps that is because they come from an academic discipline which has been so much under the spell of mathematics and the natural sciences. In any case, what Robert Nozick has given us is the political thought of an unpolitical man.

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